

**THE EMBODIED EXPERIENCES OF ALIENATION AND OPIOID USE:  
EXAMINING THE BODY AS A SITE OF DIRECT EXCHANGE THROUGH  
THE DOUBLE LENS OF THEORY AND NARRATIVE**

by

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## Abstract

This research explores how the body is implicated in transmuting meaning for women who are substance dependent on opioids and have engaged in survival sex work. Using a hybridized application of narrative, theorizing, and interviews, this interdisciplinary thesis identifies some of the ways these women navigate the constraints of their marginalization. Eight women were interviewed on the traditional, ancestral, and unceded territory of the Musqueam, Squamish, and Tsleil-Waututh Nations in Vancouver, British Columbia. The research works to acknowledge and explore how these women exist in an ‘alternate’ economy in order to obtain opioids to meet their life-needs. The employment of materialist feminist examinations of *alienation* and access to capital located shared experiences in the women’s narratives. Though the research did not reveal an explicit connection between the body, meaning, and sex work, there was a strong indication of meaning making through advocacy and engagement with those in similar social positions.

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If our effort is to understand the dynamics of compulsive drug using practices in people, then blindness to the meanings of drug experiences is a very serious theoretical handicap.

Darin Weinberg, “On the Embodiment of Addiction”

While the poor are offered addiction as a way to escape thinking too much, working people are encouraged to shop....They are afraid to face the significance of dwindling resources, the high cost of education, housing, and health care. They are afraid to think too deeply about class.

bell hooks, *where we stand: CLASS MATTERS*

The thing about looking for some grand theory, like Marxism or whatever ‘ism,’ is that a lot of those sort of peter out or are eventually discredited...It was hard for me to see how you could discredit an injunction to serve poor people preferentially. You don’t have to be an epidemiologist to realize that infectious diseases make their own preferential option for the poor – they afflict them more, and worse.

Paul Farmer qtd. in Ariel Levy, “The Poetry of Systems”

## Chapter One: Introduction

This thesis brings critical analysis and inquiry to the current opioid epidemic and the fentanyl crisis. It is an epidemic because of the historic number of individuals using opioids (whether legally obtained or otherwise) and the record number of people overdosing and dying from their use (Dolphin-Krute 12). The opioid using community, the people who use drugs (PWUD) who, until recently, predominantly used heroin or prescription medication such as morphine oxycodone, or hydromorphone, are dying in droves. In 2016, British Columbia saw an 80% increase in the number of overdoses due to the consumption of illicit substances; as a result, 993 people were killed (Johnson, “Fentanyl Crisis”; Ministry of Public Safety). The introduction of Fentanyl (100x more potent than heroin) and Carfentanil (100x more potent than fentanyl) into the black market (“Fentanyl and Carfentanil”) has contributed to these extreme numbers. Since 2016, there has been a steady increase in the number of illicit drug toxicity related deaths in British Columbia: 1,495 deaths in 2017 and 1,543 deaths in 2018 (Ministry of Public Safety). These numbers are not slowing down. As of June 30, it is estimated that at *least* 538 British Columbians have died from suspected drug toxicity in 2019 (Ministry of Public Safety).

According to the United Nations Office on Drugs and Crimes (UNODC), in 2014, North America’s population (aged 15-64) saw a 3.9% prevalence in prescription opioid use (with or without a legitimate prescription) and .5% prevalence in illicit opiate use (“World Drug Report 2016” xiv). The provincial government declared the opioid epidemic a public health emergency in April 2016 (Dhillon and Howlett) and, in 2017, pledged to spend \$322 million dollars over three years in an attempt to fund initiatives to address the overdose crisis (Ministry of Mental Health and Addictions). However, there is still much work to be done on addressing the stigmatization of PWUD and examining the

experiences of those with opioid use disorder (OUD). In order to be diagnosed with OUD, the individual must meet the following criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V): opioids are taken in larger amounts over a longer period of time; efforts to limit use are unsuccessful; a large amount of time is spent engaging in activities to get the opioids, use them, and recover from their effects; cravings are strong; use results in failure to fulfil other obligations; other social activities are reduced; and physical tolerance and dependence are experienced (APA). Recent publications are working to challenge the pathologization of a collective experience of OUD and move toward a framework that upholds the experiences and socialization of PWUD (Maté; Alexander; Lewis; Hari; Putnam). The intention of this thesis is to apply theoretical frameworks of understanding OUD at the individual level – specifically, by engaging with the embodied experience of opiate/opioid<sup>1</sup> users within the community. By gaining various perspectives on how the body itself is directly implicated in the experience of OUD, I welcome an opportunity to engage in conversation about how the body of the individual may be leveraged as a means of intervention.

According to Khantzian’s self-medication hypothesis, substance use is an external tool to navigate and modify emotions that arise from a lack of appropriate coping mechanisms (Hall and Queener 152). OUD has since been studied as a means of dealing with stress (Hendy, Black, Can, Fleischut and Aksen); trauma (Dell’Osso, Rugani, A. G. Icro Maremmanni, Bertoni, Pani and Icro Maremanni; Khoury, Tang, Bradley, Cubells and Ressler); and/or undiagnosed/untreated mental illness (Smith, Yan, Charles, Mohiuddin, Tyus, Adekeye and Holden). Regardless of the mechanism used to “cope,” the desire to

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<sup>1</sup> Opiates (naturally occurring) and opioids (synthetic opiates) are classified as narcotics that work on the central nervous system to reduce pain. A list of examples of opiates/opioids includes, but is not limited to the following: opiates - heroin/opium, morphine, codeine; opioids - dimethylmorphine, hydromorphone, fentanyl, oxycodone, methadose, buprenorphine (Government of Canada). The rest of the paper will use opioids as a catchment for both opiates *and* opioids.



continue “coping” is not nullified with the removal of the immediate threat, and re-traumatization can come from many directions and take many forms. While standardized treatments (such as cognitive behavioural therapy, abstinence based programs, or opioid agonist treatment) may be beneficial for some, they are often programs that are rigidly structured and still contain multiple barriers for those who may not meet the criteria or those unable to maintain patient adherence. Perspectives on maintenance and treatment may be more effective if they incorporate the user’s *subjective* experience of substance use. With relapse rates reaching upwards of 90% in the United States (Maté 135), it is time to include the voices of PWUD in our evaluations and applications of prevention, maintenance, and treatment.

Under current cultural norms, those given the label of “drug addict” are individuals who, often in the crux of intersecting characteristics (race, class, gender, sexuality, ability, etc.), experience significant social ostracization. Living outside of societal norms means finding alternate ways to generate the means of subsistence. Though the spectrum of PWUD is wide, the research here addresses one highly stigmatized group of opioid users: women who engage in survival sex work. These women should be given the opportunity to speak for themselves – not to be reduced to a subset of data, but rather to be listened to by the institutions that shape their experiences and maintain a status quo that, at times, seems inescapable. Through phenomenological<sup>2</sup> research, information may be obtained on the following: identity (as sex worker and drug user), the formation and manufacturing of meaning (around sex work and drug use), and the patterns of subjective awareness that perpetuate the cycle of drug use.

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<sup>2</sup> Phenomenological research approaches involve documenting individual accounts of subject experiences around a selected topic. Interviews are often loosely structured and allow the participant to speak freely about a topic they are close to (Adams & Anders van Manen).

## Standpoint Theory

This proposed research topic was not an idea born solely from abstract, speculative, theoretical contemplation; it was inspired by my personal and professional experiences. There is no neutrality in epistemology. The beginning of any research, the ideological germ that informs the study, is motivated by personal perspective and bias (Coy, Smiley and Tyler 1). To position myself within this work is an important act and a part of understanding possible bias that may be implicated within it. Challenging positivist paradigms that absolve the researcher of being a “meaning making agent” requires reflexivity (self-reflection) in qualitative research (Kovach 110; Tuhiwai Smith 138). Standpoint theory involves exploring a certain position or series of positions in society that are influenced and shaped by knowledge formation, structures of power, and the distribution of resources (Jaggar 383-384). Our lived realities are socially constructed by the ideologies that are informed, created, and internalized by our own experiences. Using subjective experience allows us to see theory as a “mode of intelligibility” rather than an ultimate *doxa*/master narrative (Hennessy, *Materialist Feminism* 67).

An important thing to note in this brief autoethnography: I am a person with *lived* experience, but I am not a person with *living* experience. The distinction between *lived* and *living* is used in front-line employment circles to respectfully identify the difference between someone who has past experiences as a PWUD and someone who is either concurrently experiencing class based violence and substance dependency, still actively using illicit substances, or still linked to the traditional (and often structurally violent) systems that treat substance use disorders (pharmacotherapy, attached to social services, etc.). Though my own experience is a valid contribution to the realization of this work, I should not be considered an “official insider voice” (Tuhiwai Smith 140) as I do not represent the community with which this research engages.

I am a white, queer, middle-class woman with mental health diagnoses who has been drug dependent on opioids. For my entire life, I have had access to education, employment, and free healthcare. My own experience of substance use over the last seventeen years plays a significant role in coming to terms with the need for supplementary modes of understanding. My social position and presentation in the world have made it possible for me to go from one extreme to the other, yo-yoing between use and non-use. The combination of my own resilience, mentors' providing opportunities for inspiration and growth, and the support of like-minded community members who helped me back on my feet when I needed it most, has given me the ability to be where I am here, now, presenting this thesis at the Master's level. The material in this thesis might be considered one of many possible expressions of substance use and dependence. As the experiences of individual drug users are exaggerated by identities that fall along various social locations, it is important to acknowledge that more *intersectional* work needs to be done once this theoretical framework is established.

By the time I left school in eleventh grade, I had been using a myriad of illicit substances for two years. It was not until my early twenties that I began using opioids. Few things have come close to having such an impact on me since. Using various opioids/opiates erased a weight that I failed to recognize I was carrying; my confidence, sexuality, positivity, and life-drive came flooding back. It was like finding Huxley's *soma*.<sup>3</sup> I could wake up, go to work or attend classes at university, come home, do the menial chores around the house, and sleep – really sleep – without being plagued by an ever-growing sense of depression and anxiety. For years, I cycled between periods of active use and non-use. Many of the provided means of treatment did not sit well with me. I could not stand to reminisce about being high, reliving the personal trauma of my

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<sup>3</sup> Aldous Huxley, *Brave New World*. A drug provided to the population to use recreationally in order to ease feelings of pain and increase enjoyment.

youth: *you are powerless, you must confess, you are weak, you are bad, you will always be a drug user.* The cycle of shame and re-victimization I felt from some programs was detrimental to me. How do you build yourself up again when you are constantly being knocked back down? I was lucky. I had access to resources. I did not lose my housing or my job. I did not lose friends (at least, not many) or family. When I wanted to change my path, I had the freedom of movement to travel and to find creative outlets to fill the absence of personal empowerment that left me without direction and bereft of meaning. It took a change in the very foundations of my perceptions of self and the world I existed in to regain the control I felt I had lost. A control I felt I did not deserve. A control I felt I was not *allowed* to experience.

Nine years ago, I began working for a non-profit organization in Vancouver's Downtown Eastside. Listening to the stories of other PWUD had an effect on me and kept me accountable, and I began to recognize patterns in the lives of others around me that aligned with my own. Though I had philosophized with friends, family, and fellow drug users about the experience of substance use within our society, it was not until I entered my graduate studies at the University of Northern British Columbia that I gained access to some of the writings that would inspire me to present a theoretical interpretation of one of the possible expressions of OUD through the body.

I should mention that care is taken to use language that is as neutral as possible when describing the population of substance users. This thesis does not use the words "addict" or "addiction" as they carry with them a stigma and weight that allocates societal blame and misunderstanding. Language that invokes images of harmful stereotypes only works to perpetuate alienation among PWUD. After years of self-work and reflection, and of dedicating myself professionally and personally to the field of harm reduction, it is in the name of solidarity that I identify myself and my experience with OUD. Through this

named and shared experience, I will continue to advocate for the destigmatization of PWUD and for access for all marginalized populations to basic human necessities (human connection, liveable housing, food, primary healthcare, mental health care, counselling, appropriate access to a variety of opioid agonist treatments [OAT], etc.). I am also a passionate advocate for changes in policy that allow those living with OUD to participate in deciding what kind of treatment aligns with their experience.

In this acknowledgement of position and place, the research for this thesis was inspired by a curiosity that sought to combine my internal explorations of healing and selfhood with the external application of critical theory through a feminist lens. During my years of use and non-use, the relationship I had with my body was one of the first things to change. I used my body as a means to erase myself by engaging in various activities that acted as immediate distractions. When I was using, I would wake up and numb myself down. But with the passage of time and a change in my position, what initially felt like a warm and welcome escape gradually shifted into an endless absence. No thinking. No feeling. Nothing. When I ran out of money, when I tried to address my use, I needed to be doing something – I needed to *move* and be heard. I needed a community that spoke a common language with shared experiences. What worked for me did not fit into the narratives offered by my drug counsellors, and it did not fit into the doctrine of abstinence. Ultimately, it was not the body of *knowledge* about OUD that helped me; it was the knowledge of the *body*. I took my power back through bringing myself back to my body and forming a better, healthier relationship to it. I used it to create, travel, and reach out to others. My body gave me *meaning*, and the meaning shifted when I began to inhabit it differently. I wanted to explore how opioid using women related to their bodies, especially those who had experience using their bodies as a direct source of income in order to meet their *life-needs*. As such, the research design of

this thesis was informed by my experiences of OUD, the relationship I have with my body, and my grounding in critical and feminist theory.

## **Study Objectives and Rationale**

This thesis incorporates narrative, an application of theoretical modes of understanding, and the collection of individual experience through primary research. The intention of this thesis is to explore if these three modes of understanding could be harmonized. The research questions guiding this project are as follows:

- 1) How is the body implicated in the transmutation of meaning for individuals living with OUD?
- 2) Does this transmutation occur through the labouring body (sex work) that is used as a site of direct exchange for the opioid using community?

## *Objectives*

The main objectives of this research are to:

- 1) Document the lived experiences of individuals actively using opioids and engaging in sex work<sup>4</sup> through in-depth, semi-structured interviews.
- 2) Explore the perceptions these individuals have of their relationship to opioid use, sex work and their bodies through interview questions.
- 3) Explore the perceptions these individuals have of their relationship to sex work as a means of obtaining opioids.

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<sup>4</sup> Sex work was initially coined *body labour* in an effort to address the highly stigmatized nature of the work. The decision to change *body labour* back to sex work was due to concerns around clarity with participants and accessibility for future publications.

## Research methods

### *Study Area*

This research took place on the traditional, ancestral, and unceded territory of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) Nations. The participants were located in the Downtown East Side (DTES) of Vancouver, British Columbia. Throughout the 20<sup>th</sup> and 21<sup>st</sup> centuries, Vancouver has consistently been looked upon as Canada's most drug and alcohol dependent city (Alexander 3). Vancouver's history is rife with divisions of class and race, and it is an epicentre of activity for a free-market society that promotes competition, individualism, and fast-paced change that work to dislocate the individual from their collective or cultural experiences (Alexander 3).

### *Participants*

The thesis engages community-based, participatory research from an insider's perspective through interviews. The purposive sample of 6-12 women come from a community that is vulnerable and stigmatized. By poster at locations that temporarily/permanently house, and are directed at serving the desired population (women/sex workers) that I am not affiliated with in community, I intended to minimize barriers, discomforts, or power-imbalances that may result from their participation or might exist around my dual role in the community. Though I did not anticipate a large amount of cross-over between previously known clients and the research cohort, I wanted to poster public sites/spaces that women in the community accessed so that they could contact me through places that offer support on their own terms. If any of the individuals who self-selected were known to me through previous experience, I clarified the following: 1) this is a separate project unrelated to the work I do in community; 2) their

participation has no impact on their ability to access services; 3) their information will not be shared outside of their willingness to have their deidentified transcripts published in this thesis; 4) there are no repercussions in withdrawing from the research at any time. The women interviewed self-selected according to the following criteria listed on the recruitment posters: 1) currently homeless (living on the street or with friends) *or* living in Single Resident Occupancy (SRO) housing; 2) using opioids daily or with previous experience using opioids if on an opioid substitution treatment program; 3) engaging in or with previous experience of engaging in sex work.

Twenty individuals responded to the recruitment posters that were placed on public message boards in the DTES community. They contacted me through phone or email to establish an interview time. Twelve of the twenty women successfully met with me for interviews. Eight individuals did not show up to the established interviews. One withdrew after the first set of questions but wanted to include her narrative. Seven women completed interviews.

The qualitative research involved in this project focuses on the testimony of individuals relating to their experiences and perceptions of relationships with opioids and sex work. Using loosely structured interviews (based on seven prepared questions), the interviewed women were given one hour to openly discuss these topics as qualitative narratives. The participating individuals were interviewed in meeting rooms in the Vancouver Public Library (VPL) at the náçáʔmat ct Strathcona site in Vancouver, British Columbia. Interviews were recorded with a handheld, offline audio-recording device. At the meeting, interviewees were given a consent letter with contact information and were paid a \$25 honorarium (London Drugs gift card) for participation at the beginning of the session – a stipend which they were entitled to keep regardless of the outcome of the interview.



Transcribed documents, consent forms, and audio recordings were kept in a locked cabinet in my home office. The data *were not* coded, but remained raw. Selections from the interviews are inserted throughout the sections on theoretical frameworks and discussion. In doing this, I hope to inspire a form of interpretive analysis on behalf of the reader. The selected passages resonate with me and often complement various examples of the explored frameworks. If consented to at the time of the interview, fully transcribed, deidentified interviews are attached as an appendix to this thesis in order to maintain the integrity of the research. Each quotation contains a reference number and created identifier in order for readers to access the quotation in context. Parallels or similarities are identified in the discussion section in order to promote further research. Sections of the interviews that contain five asterisks (ie. \*\*\*\*\*) are portions that were removed to prevent the identification of the individuals participating in the research.

The choice to keep the data semi-intact stems from the understanding that attempting to code qualitative data is problematic in two ways. First, it is of detriment to the quality of the narratives and may obscure and remove the agency of the individuals contributing. Second, coding insinuates that there is “brute datum” – pure data – waiting to be found in the subjective experiences of the individuals interviewed (Pierre and Jackson 717). The goal of this research is to bring forward the stories of those participating without imposing attributed meaning, an approach which is applied in feminist research. Thematic commonalities are noted but not used as hard evidence of a totalizing experience. Using an approach that follows maintaining the integrity of the data in *The Weight of the World: Social Suffering in Contemporary Society* by Bourdieu et al., I use **bold** to represent notable themes and *italics* to stress the individual’s emphasis of certain words when it is possible to note. Laughter or gestures are placed in brackets. Pauses in speech are represented as ellipsis with three periods (...). If there is an omission

of words for continuity in the selected passages, an ellipsis with four periods (....) appears in the selected text, but the entire passage is available in the attached transcriptions.

Cassidy: I started working in social services when I was 20. Like...I went to school and I did all of the right things. But I don't like what they're putting out. University is shit. It's all bullshit. Like, it really is. **They forget *people* at the end of the day.** (1)

Cassidy: It's really fucked up to say right now – to be going through *this* – (gestures at interview papers aggressively) that people have to *study this shit* to *do* stuff – like, that's fucked up. (2)

Dar: Uhm, just open-mindedness, and patience, and non-judgemental, and nobody is better than anyone on this earth. **We are all the same.** ... I hope the government starts really recognizing what's going on out there on the streets, and starts looking at who's the source of the problem. And uhm. Yeah. That people stop just blaming the addict, but looking at *why* the person is an addict. And go for the root of the problem, not just what are the *branches*, but the actual *root* of the problem. Which *I* tend to think is a lot of it is the government, I'm sorry. (1)

*Demographics*

Demographic information was collected in order to get a sense of who was participating in the research.

<b>Age</b> <ul style="list-style-type: none"> <li>• 35-44: 7</li> <li>• 45-54: 1</li> </ul> <p>Median age = 38</p>	<b>Housing</b> <ul style="list-style-type: none"> <li>• Single Resident Occupancy: 4</li> <li>• Independent Apartment: 1</li> <li>• Shelter: 2</li> <li>• Vehicle: 1</li> </ul>
<b>Ethnicity</b> <sup>5</sup> <ul style="list-style-type: none"> <li>• Aboriginal: 2</li> <li>• Native: 1</li> <li>• First Nations: 1</li> <li>• Canadian: 1</li> <li>• Caucasian: 2</li> <li>• White: 1</li> </ul>	<b>Social Assistance</b> <ul style="list-style-type: none"> <li>• Disability<sup>6</sup> (begins at \$808 per month): 5</li> <li>• Basic Welfare (begins at \$385 per month)<sup>7</sup>: 1</li> <li>• Employment Insurance (unspecified): 1</li> <li>• None: 1</li> </ul>

*A Call for Intersectional Examinations*

Half of the participants identified as Aboriginal, Native, or First Nations, and over half identified as being a person with disabilities (PWD) on disability assistance. This sample suggests that it is imperative that more intersectional work occurs with this highly stigmatized and marginalized group who have little access to resources or power

<sup>5</sup> Demographic questions are open ended. The following answers are based on the individual responses of those involved.

<sup>6</sup> Amount is dependent upon qualification level, partner status, and number of dependents, and sheltering (*Disability Assistance Rate Table*).

<sup>7</sup> Amount is dependent upon qualification level, partner status, and number of dependents, and sheltering (*Income Assistance Rate Table*).

(Tuhiwai Smith 207). The interlocking relationships of race, gender, ability, mental/physical illness, and income should be explored in future research.

### *A National Legacy of Colonialism*

For future research, it is necessary to listen to the narratives of Indigenous women to represent different perspectives on how colonialism has worked in implicit and explicit ways to keep Indigenous peoples in the margins (Coy et al.; Boyd; Farley, Lynne and Cotton). There is an overrepresentation of Indigenous peoples in the DTES and an overrepresentation of Indigenous women engaging in sex work in Vancouver (Farley et al. 256; Oppal 15). Racialized women who live in economically depressed areas also tend to be overrepresented among those with OUDs (APA 543-544). In relation to the overdose crisis, Indigenous individuals are five times more likely to experience an overdose than non-Indigenous individuals. Indigenous people are also three times more likely to die from an overdose than those who are non-Indigenous (First Nations Health Authority 7).

It is important to acknowledge that the margins are used to keep people confined: “the margins are enclosures: reserved lands are enclosures, schools enclose, but in order to enclose they also have to exclude” (Tuhiwai Smith 71). Myths and biases can affect how institutional bodies govern things such as income support (Bielefeld). Canadian colonial legacies of residential schools influence the way that structural violence is enacted on Indigenous peoples by devaluing their bodies, their voices, and their experiences, and reify the high levels of violence that Indigenous people experience (Monchalin, Marques, Reasons and Arora 217). The results of colonization through forcible disconnection and displacement are loss, intergenerational trauma, and

internalized racism. These things work together to create large disparities in health outcomes for Indigenous people (First Nations Health Authority 1).

Colonialism has deeply affected how Indigenous peoples interact with social institutions such as police enforcement and the law. A general sense of distrust toward police means under-reported crimes of violence. British Columbia's history is rife with violence against Indigenous women and women in sex work. One of the most infamous cases surrounded Robert Pickton. He was charged in 2002 with the murder of six women who had gone missing from the DTES. In addition to those six, his property turned up DNA from 27 other women. Of the 33 women Pickton is known to be responsible for assaulting and murdering, 12 were Indigenous (Oppal 14). The manner in which the police responded to the ever growing number of missing women from Vancouver's DTES was called into question long before charges against Pickton were laid, and it was noted that a "systemic bias" influenced how the police conducted their investigations (Oppal 94).

A National Inquiry was called to look into the Missing and Murdered Indigenous Women and Girls. In its recent publication, the report found that Indigenous women and girls are 12x more likely to be murdered or missing than other women in Canada and 16x more likely to be murdered or missing when compared to Caucasian women (*Reclaiming Power and Place* 55). A recent study on young, Indigenous women in Vancouver's DTES who have had experiences being pregnant found that, due to the imposition of colonialism on Indigenous peoples, Indigenous women are often living in environments that are considered "high risk" (Shahram, Bottorff, Oelke, Kurtz, Thomas and Spittal). In these "high risk" places, Indigenous women are at an increased risk of substance use (Shahram et al.), poverty, violence, and posttraumatic stress (Farley et al.; Boyd; Oppal).

*Intersections of Ability, Class, and Capitalism*

One of the demographic questions asked was about previous employment in order to better understand the working experience of the women being interviewed. The intention behind asking, “What kind of work have you done in the past?” was to document how women spoke about alternative forms of labour and to identify if there were any similarities in previous experience. The women participating were welcome to list off as many forms of work as they wished. The jobs the women listed were as follows: outreach worker, advocate (LGBT\*), “regular jobs,” bartender, homeless/addictions case worker, server in a restaurant, wife, mother, deli worker, non-profit worker, mill worker, sex worker, drug dealer, front desk staff at an SRO, construction worker, political advocate, lifeguard.

In future research, I would like to engage in an epidemiological study of substance use in women who are mental health and addictions social service providers. Many of the women identified themselves as having been in front-line social service work at some point during their lifetime. Considering front-line work is often steeped in emotional labour, it may be worthwhile to explore how women with lived or living experience identify with the work and experience burn out.

## Chapter Two: Literature Review

In the medical community, OUD is often referred to as either a *disease* or a *disorder*. Though the brain-disease view destigmatizes and legitimizes medical treatments (Wakefield 39-40), it is important to address OUD as a whole. Regardless of the implications around the functioning of a person's physiological composition, context, situation, and experience must be recognized as complementary factors in treatment. Due to the inability to access treatment for OUD without receiving a formal diagnosis, it is important to include a brief synopsis of the three main approaches to understanding OUD: neurology (brain-basis), learning theory (social basis), and symbolic interactionist (cultural meaning) (Weinberg, "On the Embodiment" 2). Each of these theories plays into the philosophical Cartesian divide: epistemology and ontology (Mølbak 363).

### Brain-Basis

The "brain-basis" approach sees drug users as people with compromised mesolimbic dopamine reward systems (Flanagan 6), a diagnosis that promotes the ability for the medical community to classify OUD as a disease (Gray 1152). Based in empirical evidence obtained through studies on animals, the neurological approach presents the case for long-term damage caused by "neuroadaptations" (WHO, 1981 ctd. in Weinberg, "On the Embodiment" 5), which influences the subject of OUD to relapse (Weinberg, "On the Embodiment" 5) if cessation of substance use is attempted. Neuroadaptations produce a tolerance in the subject that makes their functioning dependent on a substance human brains are not designed to rely on (Wakefield 51).

In order for someone to be diagnosed with OUD, they must show a pathological pattern of behaviours that are organized into 11 categories. The severity of the disorder can change over time and is determined by the number of symptoms in the criteria that fit

the patient's profile at the time of diagnosis<sup>8</sup> (APA 2013). According to the DSM-V, OUDs are higher in males (.49%) than females (.26%). Prevalence of OUDs is highest among those 29 and under and decreases with increase in age.

The DSM-V is criticized for its lack of clinical reference to the individual's "normative feeling states" and the reactive attitudes that correspond with failures relating to the behaviour of the subject while they are experiencing OUD (Flanagan 5). PWUD do not experience OUD as a flaw or change in their neurological pathways; they experience OUD as a change in their ability to relate to themselves and the rest of the world around them (Mølbak 364). OUD is a human phenomenon that should not be untangled from the social or cultural reality in which it is experienced.

## **Social Basis**

The social basis of OUDs involves two types of conditioning or learning: operant and classical conditioning. Operant conditioning, also known as instrumental learning, expresses itself when certain behaviours are followed by rewards or punishments. Behaviours that garner rewards are likely to increase, whereas behaviours that garner punishments are likely to decrease. Classical conditioning involves associations of a certain event with events or situations that are experienced concomitantly. These events do not have to be physically external to the individual (person, place, thing) – they can also be internal *states* (emotions, thoughts, etc.) (Weinberg, "On the Embodiment" 7-8). Learning theory also lends itself to the notion that behaviours can be *unlearned* – the role of autonomy and rationality come into question in how much the individual is involved in the decision-making processes that lead to OUDs (Gray 1152). Learning theories contribute significantly to a third approach to understanding OUDs: Symbolic Interaction.

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<sup>8</sup> For the APA's Diagnostic Criteria for Opiate Use Disorders, see Appendix A.



## Meaning-Basis/Symbolic Interaction

Certain stimuli become behavioural cues because of the practical action that is associated with them when they are experienced. One single object may be tied to two separate responses – internally or externally – and critics of learning theories advise that it is difficult to draw a line between behaviours that are reinforced through operant and classical conditioning (Weinberg, “On the Embodiment” 9). Symbolic interactionists state that the focal point in approaching issues around PWUD is about the *process* of becoming physically and psychologically dependent by examining the symbolic meanings that PWUD internalize through the consumption of the drug (Weinberg, “Lindesmith” 152). Lindesmith, one of the leading symbolic interactionists, proposed the *process* of OUD through his research with patients recovering from major surgery; though patients were exposed to pain treatment in the form of high doses of morphine, they were not subject to the same negative experiences when the treatment stopped and physical withdrawal symptoms occurred (cited in Weinberg, “On the Embodiment” 3). Because the exposure to morphine was not experienced by people recovering from surgery in the same context in which the drug user experienced the drug, cravings for the drug – once withdrawn – were non-existent. Symbolic interactionist approaches assert that the experiences of PWUD are critical in understanding how the cycle of use/non-use is perpetuated.

Though the above frameworks offer some insight into OUD, new approaches work to fill in the gaps and explore the experiences of PWUD. Recent literature advocates for the de-naturalization of OUDs in order to better understand the sociological implications in the root cause of OUDs (Weinberg, “On the Embodiment” 16). Such an approach requires that OUD is separated from moral judgment in order to humanize the

individual suffering from these normative<sup>9</sup> disorders (Gray 1161; Flanagan 10; Zautra 1027), and that professionals and scholars alike examine OUDs with a theoretical lens (Alexander; Maté; Courtwright; Putnam).

### **Precarious Positions: Women, Sex Work, and Substance Use**

According to the World Drug Report 2016, women are more likely than men to use opioids without a prescription – a gender disparity that may be attributable to opportunities around access (xi). Women who have OUD experience higher rates of stigmatization (Boyd 297). Women are more likely to suffer from mental health disorders and to be victims of sexual, emotional, and physical violence (Boyd; Coy et al; Ettorre; Farley et al., “World Drug Report 2016”). If incarcerated, women face a criminal justice system that is ill-equipped to engage with issues specific to women (“World Drug Report 2016” xvii). These additional vulnerabilities increase women’s exposure to chronic health concerns such as HIV, viral hepatitis, sexually transmitted infections (STIs), reproductive health issues, and additional mental health issues – specifically around post-traumatic stress disorder, depression or anxiety (Boyd; “World Drug Report 2016” 14). Data relating to women’s experiences of OUD are often limited as women “are far less likely to enter drug treatment programmes than men, which can reduce their opportunities to reintegrate into society and exacerbate their sense of stigmatization as people who use drugs” (“World Drug Report 2016” 66) making them harder to reach through social programs and health initiatives.

Some of the studies that have engaged women in sex work who also use drugs have expressed concern over how the two may be mutually reinforcing in creating a “trap.” Any vulnerability related to these women is reinforced through engaging in street/outdoor sex work, and any programs that offer services to this demographic cannot

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<sup>9</sup> Normative disorders are disorders that require the investigation of *both* social and natural factors.

address one without addressing the other (Cusick and Hickman). Risk may increase for women who are using substances and engaging in sex work (Erickson, Butters, McGillicuddy, and Hallgren), and women are likely to engage in street based sex work in order to pay for their substance use (Benoit et al. 5). In addition, prostitution is intimately associated with poverty (Farley et al.) which increases street/outdoor sex work that can increase women's vulnerability and exposure to heightened levels of violence. Though certainly not all women who engage in sex work are engaging in street based/survival sex work, this thesis focuses on the women who are.

There are often two underlying, academic narratives that examine the relationship between sex work and inequality. Sex work does one of two things: a) legitimizes sexual exploitation through a gender hierarchy; or b) is a form of exploitative labour that needs to be viewed through social/intersectional and anticapitalistic lenses (Benoit et al. 2). As explored through theories based in gender inequality, prostitution is influenced through patriarchal relations: women sell *themselves*, not their labour (Benoit et al. 4). Social inequality theory views prostitution as an occupational *choice* that should be legitimized (Benoit et al. 8). Regardless of one's position on sex work, the historically significant demand from men to have the right/ability to access women's bodies for their own pleasure is socially constructed and upheld through various institutions built on sexism, racism, and ableism (Coy et al. 3). If sex work is legitimized through these channels, only then might it be possible to break the cycle of violence and abuse that sex workers are subjects of and subjected to. Though Canada follows what is known as the "Nordic Model," where sanctions against selling sex are reduced but the purchasing of sex is criminalized, it only pushes marginalized women who engage in this form of labour further into the shadows. Criminalizing the purchasing of sexual labour forces sex

workers to sell their services in clandestine ways on the illegitimate market, and it causes higher levels of risk to their wellbeing and personal safety.

Given some women's precarious intersectional positions, it helps to understand how social stigma works to reify the margins that women are pushed into. Stigma can be so pervasive that it does not cease to be experienced by the subject even after they exit sex work (Sallmann 154). In a phenomenological examination of stigma through subjectively reinforced self-objectification, Karl Eriksson suggests that drug users may experience stigmatization as an external and alienating "otherness," but internalization can only occur when the individual experiences an "implicit symbiosis" between their social position (as drug user) and their subjective reality (5). By existing in the world under the "gaze" of other people, the individual is constantly objectified and experiences their own objectification through the uncertainty of how one is being perceived. The outcome is the conditioning the individual's experience of stigma. Though Eriksson's call for self-emancipation from stigma feels slightly off its mark in asking the individual to liberate themselves from any perceived stigma, it is important to remember how societal/structural violence affects people when they are simply *being* in the world. Asking how women experience this phenomenon is an important step to recognizing the shortfalls of our current social systems.

It is discouraging that, even though it is well known that women who use substances and engage in survival sex work experience disproportionate levels of violence, trauma, and limited access to health services or treatment programs, women's struggles are chronically underrepresented in critical analyses of substance use (Boyd 297; Coy et al. 3; Shahram et al. 1). Drug use is a "deeply embodied experience" (Ettorre 330), and exploring how women's bodies are used and expressed as the embodiment of deviance has the potential to enhance policies regarding the needs of drug using women

(Ettorre). By incorporating individual experiences and personal testimony in research on this demographic, we can better understand how the current culture of consumption and economic system can affect the health outcomes of society's most vulnerable.

## Chapter Three: Previously Explored Conceptual Frameworks of Substance Dependency

### Social Isolation

Bruce Alexander, one of the leading scholars in re-examining OUDs, believes that “addiction is not so much a problem of aberrant individuals as a latent human potential that expresses itself universally under particular circumstances” (2). In order to better understand how social/non-social environments could affect an organism’s inclination to consume opioids, Alexander and his team of researchers placed two groups of rats in different environments; one group cohabitated in a spacious location that imitated a natural environment while the others were placed into solitary confinement in cages. Two water bottles were made available to each of the groups of rats: water and water with morphine. The rats in solitary confinement overwhelmingly chose to drink the solution with morphine. The rats who were put in the social/“natural” environment chose water only – even when researchers made groups of rats physically dependent to morphine *before* placing them in the new environments or sweetened the morphine water with sugar to further entice them to consume the drug (Alexander 195). Alexander draws parallels to human beings living in a capitalist, free-market society. When the competitive marketplace becomes the backdrop for human existence, human beings are increasingly forced to participate in a reality that promotes rampant individualism: “people can only be this individualistic when they are unencumbered by loyalties to their family, friends, traditional obligations, customs, trade unions, or guilds ... For this reason, the ideal form of free-market society would inevitably create universal dislocation” (Alexander 61). As industrial societies grow, as globalization continues to touch every continent, greater numbers of individuals are finding themselves segregated from their previous communities and connections (Maté 261-262) in the name of a new world economy.

ODUs may very well be partly driven by an individual's drive to feel alive, to live in the system that abandons them in the name of capital gain without (emotional) pain, if only for a moment (Maté 37).

As gregarious creatures, human beings require psychosocial integration – a mechanism that relies on the interdependence of the individual and the social structures they live in in order to reconcile a need for belonging (driven by meaning) and individual autonomy (driven by identity). Without a proper balance, individuals experience dislocation and a subsequent lack of fulfilment and identity. Alexander claims that the individual's dislocation from society allows OUDs to operate as a “narrowly focused lifestyle that functions as a meagre substitute for people who desperately lack psychosocial integration” (62). Perhaps this dislocation is one of the reasons why OUDs increase in spaces fraught with socio-economic displacement, and why recovery plans involve social reintegration through a community of common speakers – individuals who have experienced the same “normative failures” (Flanagan 7) according to One-Third World<sup>10</sup>. As ends in and of themselves, human beings are driven by needs and desires – some deal with base functions (food, shelter, etc.) and others are socially motivated (community, avoiding feelings of pain, etc.); when these needs and desires are not met, the individual suffers.

### **Drug Use as Social Symptom**

People with OUD exist as a social *symptom* because the drug user's identity passes through various domains: legal systems, police enforcement, mental and physical health, and social interactions (Kemp, “The Symbolic” 441). *Social capital* is one of the best predictors of an individual's wellbeing. People who are socially isolated are more

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<sup>10</sup> One-Third/Two-Thirds World: nonessentialist categories to replace First/Third World definitions. Taken from Gustavo Esteva and Madhu Suri Prakash, these terms present an anti-capitalist view of the world that includes an analysis of agency, power, and wealth (Mohanty 227).

likely to engage in health-destructive behaviours such as smoking, drinking, and overeating (Putnam 327). Based on the connections between individuals and networks that promote relational constructs such as trust and reciprocity, *social capital* is beneficial to *both* individual (private) and social (public) productivity, though not always in equal measure. Like other forms of capital, *social capital* is used for both malevolent and benevolent purposes, the outcome depending on the intention of social inclusivity (bridging) or social exclusivity (bonding) (Putnam 22). Society itself must be well connected in order to increase the productivity of both poorly and well connected individuals (Putnam 20). If cultural understandings of people with OUD operate on draconian biases based in morality, shame, and social rejection, those who suffer with the disorder will remain without hope of social reintegration.

Through their very naming, PWUD are given an identity that forces them to remain defined only by their disorder: chemically dependent, junkie, addict, dope fiend. These words, oftentimes used as derogatory slurs, are appropriated or internalized by PWUD, furthering their *alienation* and ostracization from themselves and their communities (Dos Santos Canabarro and de Leão D'Agord 484). Even after periods of discontinued use, those with OUDs will sometimes return to the drug-using community because it is the only community in which they gain *social capital* and are accepted by their peers (Kemp, "The Symbolic" 443). Because of this identification and sense of belonging, individuals with OUDs sometimes see their substance use as membership. PWUDs live in "vengeful opposition to the square society that ha[s] condemned them to poverty and marginality" (Courtwright 154). Thus, attempts at creating their own discourse in rejection of the broader social narrative are, at times, the only point of reference that allows them to feel less isolated.



## Psychoanalysis and Substance Use Disorder

One of the more intriguing theoretical analyses of OUD is rooted in psychoanalysis, which, like symbolic interactionism, attempts to examine how the individual diagnosed with OUD lives in relation to the symbolic structures that shape their respective realities (Kemp, “The Symbolic”<sup>435</sup>). In Freudian and Lacanian psychoanalysis, children experience different psychic events during various stages of growth that help them become independent subjects. In order for a child to individuate, to recognize that they are an independent entity separate from their mothers, they must go through the Mirror Stage. In this process, the child is inducted into the world of language – the Symbolic – where they learn to differentiate between subject (the “I”) and object (the Other):

The child searches in the Other (as mirror) for a reflection of itself as loved object, and this search produces an imaginary identification. Now the body is the symbolic result of an encounter with the desires, demands and signifiers of the Other with which the child has identified. This identification provides the child with an illusory sense of coherence that only hides a fundamental lack, namely the true essence of the desire of the Other. (Loose 181)

According to Rik Loose, what once was a harmonious existence with the (m)Other (what Julia Kristeva calls the *semiotic*) is now a confusing sum of parts that the child must navigate. The Mirror stage teaches the child that there are two lived realities in separate places: internal (psychic) and external (physical). The child’s body must identify with is a body that is *provided* for them, constituted by language, and not itself a reality (Loose 179). The harmonious existence of subject/object is negated; instead, where once was a “whole,” a “hole” or *lack* grows in its place and serves as a constant reminder that

the subject will always be objectified and constituted by the Other through language in the Symbolic. The child learns that the created body with which they have to identify through the *reality principle* is emptied of *jouissance* (ultimate, unobtainable satisfaction) (Loose 183). The dislocation of self is the price paid for being human *and* the root cause of our desires (Loose 48) that are never attainable.

Society's cultural practices of consumption exploit the *lack* of the subject's being. Institutions recreate and promote the idea that one should enjoy as much as possible (*jouissance*) without going over the set cultural limits of pleasure that prohibit individuals from partaking in *too* much (Loose 278). Capitalist society masks the subject's inability to obtain *jouissance*; instead, the constant deferral of desire is hidden in the ability to purchase and consume objects of production in order to fill the lack (Bjerg 8-14; Canabarro and de Leão D'Agord 485). Drugs provide an illusion of autonomous *jouissance* that does not require the Other to satisfy the self. By orienting the drive for *surplus jouissance* toward the body, the subject can reject the Symbolic and adopt a different language (Kemp, "The Symbolic" 438). This enables the subject to *feel* as though they are obtaining the unobtainable. Intoxication is something they can experience without having to establish any relationships and risk being objectified by the Other (Canabarro and de Leão D'Agord 486-490; Loose 69). In its consumption, the drug assuages the feeling of *alienation* that is constitutive of the subject, and the drug user's individual identity is momentarily suspended through the physical, *bodily* high that masquerades as "pure and full being" (Bjerg 10-11) or perhaps is an attempt at regressing back to Kristeva's pre-linguistic *semiotic* state where the child has a symbiotic relationship with the mother before the mirror stage brings them into the world of the Symbolic (Schippers 26). The feeling is, of course, an illusion, however strong, because if

the subject were able to obtain *jouissance* or fully regress into the *semiotic*, the subject would be annihilated (Loose 159).

The experience of the individual with OUD is not an abnormal reaction to the conditions of existence, as human beings are destined to suffer:

In order to live you have to lose something, and it is this loss which causes desire for that which one cannot have – unless, of course, one is prepared to lose life.

The irony is that – in the end – death arrives anyway, and also that one is fully conscious of this fact. This, then, is the meaning of life. (Loose 140)

According to Loose, OUD provides a window into the unconscious fascination with the Other. Recovery and treatment should look at the *subject* (Loose 252; 267) and *why* the relationship between the *subject* and their drug use exists (Loose 261).

### **Why Theoretical Analysis is Important**

Language offers the capacity for meaningful existence as it is a fundamental aspect of being with others and describing our place in the world, but not everything can be articulated through it. For the language-using *subject*<sup>11</sup>, meaning is found in the ongoing struggle between the individual and the world around them (Kemp, “The Symbolic” 427). In this understanding, to the individual experiencing *aphasia* (a failure to connect appropriate meanings with certain words), when a word loses its meaning, it becomes empty and absurd (Merleau-Ponty 193).

In the wake of the opioid crisis, there is a demand to integrate the experiences of those living with OUD with the medicalized model. What if we understood OUDs in the same way? What if people with OUD did not gain the same *meaning* from *being-in-the-*

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<sup>11</sup> Subject, as seen in the rest of this thesis, is invoking the philosophical, dualistic subject/object divide: the subject is the one who observes; the object is the one who is observed.

*world* as it exists for them in their particular situation? Perhaps examining the experiences of women whose identities so rapidly oscillate between subject and object will lead to a clearer understanding of some of the motives, social factors, and needs these women have that are being overlooked by established service providers. Theoretical analysis can be mobilized to deconstruct, dismantle, and rebuild the labours of individual intellectualism, collective experience, and community practice in order to re-examine social suffering that lacks clear comprehension.

## Chapter Four: Integrated Conceptual Frameworks

### Karl Marx and *Alienation*

Though they are not part of the sanctioned market of capitalist economies, transactions relating to illicit substances and sex work economically imitate the exchange of *use-values* for *objects of utility* or *life-needs*. In order to examine these relationships, Marx's critique of capitalism and acknowledging the importance of historical materialism are crucial to understanding the position of and repercussions for individual labourers subjected to *alienation*. Marx focuses on praxis, the practical application of labour as social action, as the focal point of all human activity. Individuals cannot lead solitary existences, as human activity is cooperative and requires the "knowledge, skills, and experience of earlier workers" (Jaggar 54). In this way, human nature and history are necessarily indentured to one another – a phenomenon Marx calls historical materialism – and social particularities cannot be abstracted from their established positions in history: "the specific character structures that typify a certain form of class society are reinforced both by the dominant ideology and, on a deeper level, by the very structure of daily life" (Jaggar 57). This is not the Master Narrative of the social; rather, this particular reading of Marx, like any theoretical analysis, should be considered a lens with which to examine the current representation of sex work and drug use in a class-based society.

According to Marx, the ability to meet specific human needs is the *raison d'être* of human activity and leads to humanity's first historical act – the production of material life (Jaggar 53). In order for human beings to meet these *life-needs*, which are always corporeal because they involve keeping the body safe and alive (food, shelter, clothing, etc.), people are required to *produce* the objects of consumption through *productive labour*: "as labour is a creator of use-value ... it is a necessary condition, independent of

all forms of society, for the existence of the human race; it is an eternal nature-imposed necessity, without which there can be no material exchanges between man and Nature, and therefore no life” (Marx, *Das Kapital* 10). Meeting these needs and exercising the right to *human potential* through *productive labour* necessitates access to human relationships, and, as a result, social interaction and human affective facilities become needs in themselves (Hennessy, “Reclaiming Marxist” 84; Jaggar 54).

In class based societies, especially ones driven by late capitalism, the *productive labour* of the worker is exploited in order to create *surplus value* for the employer. In these labouring efforts, *commodities* are produced – objects which exist outside of the labourer and are created to satisfy some human want<sup>12</sup> (Marx, *Das Kapital* 1); however, the commodities produced are not intrinsic to sating the needs of the subject creating them. In this process, the created product embodies and absorbs the worker’s labour, is objectified, and thus becomes *alien*, creating a disjunction in the worker’s reality: “The *alienation* of the worker in his product means not only that his labour becomes an object, an *external* existence, but that it exists *outside him*, independently, as something alien to him” (Marx, “Economic and Philosophic” 72). Though the employed labourer creates commodified objects to be consumed through their productivity, they are not created *for* the individual labouring. Not only is the labourer *alienated* from the product(s) of their labour, they are *alienated* from their own bodies through the process of labouring. Modern society breaks down the labourer’s body into parts, “forcing him to sell his arms, his back, his brain, his imagination to another” (Lingis 172). Labourers can only present themselves as “owners” of their labour power if they sever their needs from their human potential – only then can labourers commodify themselves and their labour power as items to sell (Hennessy, “Reclaiming Marxist” 85).

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<sup>12</sup> Lack – culturally/ideologically constructed, manufactured, or cultivated.

### Commodity Fetishization

In an examination of modern life under capitalism, Elizabeth Chin explores how individuals become commodity fetishists engaged in the constant substitution of a *need* with a commodity. A pinnacle moment in history, the Information Age allows many in the One-Third World to have higher standards of living than previously seen. Influenced by industrialization, globalization, and the rapid increase of technology, these standards shape the relationships people have to things, money, and the world around them (Chin 31). Because late capitalism requires individuals who are autonomous, capitalist societies mandate that we create individuals as early as possible – beginning in infancy. Through being forced to sleep alone, infants experience separation anxiety that is soothed through various provisional objects/commodities (stuffed animals, bottles, blankets, pacifiers, etc.). These *transitional objects* become surrogates for an absence of community, a community member, or a feeling, thus instilling the value of commodity fetishization from birth (Chin 45). In an examination of co-sleeping and *transitional objects* among different families, Winnicott suggests that this substitution exemplifies the “social processes through which the imperatives of capitalism shape our most fundamental being...naturalizing our alienation to the point where we experience it as proper parenting, as citizenship, as patriotism, as love” (cited in Chin 55).

Capitalism’s idealization of an *alienated* subject culturally and systemically promotes the creation of individuals willing to separate themselves from their *productive labour*. In doing this, exploitative social arrangements enlist workers into *productive labour* for the sake of meeting the workers’ various needs. Over time, the dominant institutions (cultural, educational, legal, etc.) that shape the experience of individual *being-in-the-world* (Merleau-Ponty 443) normalize the concepts of *productive labour* so it is seen as inevitable. Even those who may reject the current state of existence under

capitalism are unable to separate themselves from the “*fatum*, or appointed order” which they are forced to humour (Merleau-Ponty 444).

Cassidy: People are so damaged that that’s...society.... people that *have* are so self-centred that they can’t see past...you know? It’s like, even on Facebook, they were talking about that \*\*\*\*\*, they’re putting, somebody was ranting on about...it had an emoji...it was like the rat and shit emoji? And I thought they were talking about like, little rats, and then I’m reading down, and they’re talking about the *homeless* people. And I just like, you’re actually disgusting. I’m more concerned about *you* than I am the person who broke into that...you know? Like...you see *shit* like that and you’re like, ‘This is the world? This is the world I want to get clean for and be normal in?’ like, for jackasses like *that*? Like, *fuck that*. So. I’m actually having a real difficult time right now like, an early, midlife crisis as far as, you know, feeling like, **the values are really fucked up**. So there’s like, well, maybe that’s how it’s meant to be. **Maybe I live in isolation.**

(3)

Through the lens of Chin’s interpretation, opioid use is a *transitional object*, a fetishized commodity that is confused with a *life-need*. Opioid use is centred in the body, it is not just about filling in, but it is about providing the absence of. Not only is the drug of choice (DOC) standing in for something missing (community, wellbeing, connection), it is simultaneously providing an absence of (adverse emotional responses, pain, and withdrawal symptoms). The drive for internal respite and the mitigating of physical



dependence become *life-needs* in themselves. In this context, commodity fetishization is merely the attempted *high-jacking*<sup>13</sup> of *self-realization*.

Rose: I know a lot of people want to feel like, say that they are a part of something, but they're not. They may be just for a moment, but they're not. Everybody wants to be part of something, you know, something good. They *want* to be loved. They *want* to be hugged. They *want* to be a part of a family. They want to be part of a friendship. But they *can't*. Because the addiction has become so bad in their lives. (1)

Charlene: I don't want to do [sex work]. I *hate* doing it. It's both an addiction...and not for any reason people think...but not for money, not for sex, not for any of that *shit*, but for that false self-esteem I get for thirty seconds I feel *wanted*. Which is highly addicting to someone with low self-esteem, right? I'm well aware. I'm trying to build other ways, but uhm, it's also a form of numbing...it's my self-harm. It's my cutting. Some way to prove to the world I'm really as bad as I think I am. (1)

### Sex Work as Work

Those who offer their labour power to the marketplace in order to obtain money, the means by which *life-needs* are mediated through our economic system, are required to forfeit other needs as a condition of their employment (Hennessy, "Reclaiming Marxist" 85), including their "freedom." The lack of "freedom" in this context means the inability for the labourer in capitalist society to have agency in the expression of their *labour*. When *labour* is diverted into the culvert of capitalism through necessitation, the natural world around individuals is less likely to be perceived as the main source of obtaining

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<sup>13</sup> *High-jacking* – a neologism regarding the solipsistic experience of the drug user who consumes a product that simultaneously generates sensations that address *both* emotional and physical *life-needs*.

*life-needs* through *useful labour* – that is, productive activity of a certain kind that has a certain aim. Under capitalism, labourers become immured in their identities as workers. The objects of their *productive labour* – work and the means of subsistence – are synonymous.

Tara: I couldn't imagine doing that [sex work] every day to get your drug of choice, or your *food* source or whatever. (1)

One only exists as a labourer in order to maintain oneself as a physical subject – and one can only be a physical subject if one is a labourer. It is in this mutual exclusivity that the hierarchy of property-owners and propertyless workers is established (Marx, “Economic and Philosophic” 70-73).

Those who do not have access to capital must offer their labour power on the market – an act which is, theoretically, coerced and forced by the current capitalist system. In turn, this experience alters the way the labourers perceive their time spent outside of labouring as “free” (Jaggar 131). The “free” time spent outside of labouring is largely spent satisfying/meeting the corporeal *life-needs*: eating, drinking, clothing/adorning, living (in a space), copulating, resting, and caring for others within one's familial/social arrangements. The result is the confusion of *human activity* and the potential for *self-realization* with base-functions of survival. The capacity for transformation of the self is stunted by two things under late capitalism: the necessitation of corporeal survival and the experience of class domination by those who seize surplus profits (Jaggar 209). The result is the forced *loss of self*:

In estranging from man (1) nature, and (2) himself, his own active functions, his life-activity, estranged labour estranges the *species* from man. It turns for him the *life of the species* into a means of individual life. First it estranges the life of the

species and individual life, and secondly it makes individual life in its abstract form the purpose of the life of the species, likewise in its abstract and estranged form. For in the first place labour, *life-activity*, *productive life* itself, appears to man merely as a *means* of satisfying a need – the need to maintain the physical existence. (Marx, “Economic and Philosophic” 75-76)

Failure to comply with the conditions of society means economic and emotional disenfranchisement; *alienation* is not only a condition of living in the world as a subject, it also becomes its consequence. Those who do not meet the social expectations of *doxic* society are prohibited from exercising or experiencing their full potentials (Bartky 34).

Rose: I’m here to make money, not to socialize. You know, unless you’re gonna be paying me *money* .... Do what you have to do, but I’m not your *friend*, you know? I am not your accomplice. You know, and you know, that’s the word – is an *accomplice*. That’s what the people are, is an accomplice. (2)

### Sex Sells

In “The Traffic in Women,” Gayle Rubin advocates for a Marxist reading of sex and gender, stating that the ideologies of each are directly related to human activity, and that human nature and history are necessarily indentured to one another. Through a lens of *historical materialism*, it is impossible to abstract certain social or biological phenomena from their fixed positions in the historical narrative (Jaggar 56). Examined cross-culturally, the modes of exchange, commodification or *use-values* of women contribute to the emancipation and liberation of women from their ascribed sex/gender-roles (Rubin 102). In order to dismantle or dispel current representations of women in class based society, an inquiry into the position, place, and identity of women in different social circumstances must take place. The purpose of exploring a culture of women who

use drugs (WWUD) and who are also engaged in survival sex work is to provide an insider's perspective on the modalities of meaning that exist (if any) between the two identities.

Many feminist scholars use Marx's analogy of prostitution literally, claiming that his writings inadequately address the oppression of women engaging in sex work. According to Carol Pateman, if read in this manner, prostitution becomes a representation of "the economic coercion, exploitation and alienation of wage labour" (64), therefore symbolizing a relationship which embodies all that is wrong with wage or *forced* labour itself. As the sex worker "rents" her body out to the client for a period of time, the worker relinquishes her own body over to the employer – both of which are deals of the flesh. Van der Veen, in drawing from Marx's "Economic and Philosophic Manuscripts of 1844," claims that two groups arise out of capitalism: labour (commodified sexuality which bears *use-value*) and consumer want (39).

Though the sexual division of labour is nothing to overlook, according to Marx, it is not the division of labour that leads to inequality, rather, it is the production of commodities:

The division of labour is a necessary condition for the production of commodities, but it does not follow conversely, that the production of commodities is a necessary condition for the division of labour ... in a community of commodity producers, this qualitative difference between the useful forms of labour that are carried on independently by individual producers, each on their own account, develops into a complex system, a social division of labour. (Marx, *Das Kapital* 9)

According to Friedrich Engels, the only way to disrupt the inequality experienced by women in a class based society is for social revolution to create a utopian reality where

infidelity, double work days, and the commodification of women's sexuality disappear (107). A key problem with this interpretation relates back to Marx's "first historical act" – the satisfying of *life-needs*. If the first order of exchange requires *productive labour* in order to meet and satisfy *life-needs*, it should be understood that in satisfying these needs, new needs are created (Jaggar 54) for those who spend a majority of their time labouring to obtain the basic means of subsistence.

As previously mentioned, there are two positions in examining sex work: 1) It can be seen as a commodified exploitation of one of the many aspects of the gendered division of labour; or 2) it can be viewed as legitimate labour that is subject to many complex dynamics that can affect its expression. If considered a legitimate form of work, it is worthwhile to explore whether or not it can be subsumed under the category of natural phenomenon as it meets a *life need* (socially constructed or otherwise) directly related to the (predominantly) male body. Regardless of whether or not the demand for the generation of pleasure and sexual satisfaction were initially located in the natural expression of a *life-need*, they are commodities with high demand in late capitalist society. Some of the women in this research discussed how their clients were often leaving work (Dar, Rose) and wanted sexual intimacy before going home. If we consider that, in capitalist society, the labouring body is not given enough "free time" to meet basic *life-needs*, it could be inferred that late capitalism itself and the stressors it puts upon labouring individuals is one of the driving factors behind the commodification of sex work and the continued commodification (and objectification) of women's bodies.

### **Sex Affective Production and Bodily Ownership**

In her discussion of prostitution, Carol Pateman cites Immanuel Kant stating that one cannot sell or contract out part of their body for sexual use without selling the entire *self* in the exchange. People cannot have property rights over themselves as they cannot

be both owner and possession at once (cited in Pateman, 66). Just as labourers are *alienated* from the commodified products they create, this logic implies that women who engage in sex work must *alienate* themselves from their commodified bodies (Pateman 69; Van der Veen 33). But *all* work involves physical aspects of the body as well as mental ones – it is the necessary position from which we experience our embodied humanity (Jaggar 209). The assumption that sex (physical) and affection (emotional/social) are two separate energies is a derivative of dualistic thinking (Ferguson 131). Society’s general refusal to separate sexuality from morality has inspired centuries of ostracising those who would dare to challenge it: PWUD, LGBT\*<sup>14</sup> community, and sex workers.

Rose: I mean, the money is tax-free, it’s quick, it is what it is, you know it’s been a form of work for many fucking years and it is an old form of work – even though some people think it’s taboo, you know, it’s out there – whether you like it or not. And it will always be out there. And I think, you know, for anyone who has engaged in it? We will always know how to get by. (3)

In *Femininity and Domination*, Sandra Lee Bartky examines *alienation* as it is experienced specifically by women living in society. Stressing that women suffer from multiple forms of *alienation*, Bartky names one of them *sexual alienation*, exemplified through “the historic suppression and distortion of the erotic requirements of women” (35). Being objectified is a form of personal *fragmentation* by producing a split in female consciousness where the male gaze is internalized and turned round upon the self. The individual is both “appraiser and the thing appraised” (Bartky 38), a phenomenon

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<sup>14</sup> Lesbian, gay, bisexual, transgender - \*refers to inclusivity of genderqueer, genderfluid, non-binary, agender, third gender, and more.

inhabiting the world of aforementioned Kantian impossibility: one cannot be both subject and object at the same time.

Given the sex worker's position (of being *both* subject and object) and experiencing compounded *alienations* (*social alienation* and *bodily/sexual alienation*), what does this mean for the form of *labour* that they engage in? Is there any autonomy in the process of exchange that occurs between the sex worker and the client? Richards defines autonomy as an individual's "self-critical capacities to assess their present wants and lives ... Autonomy occurs in a certain body, occasioning a person self-critically to take into account that body and its capacities in deciding on the form of his or her life" (cited in Pateman 67). The underlying premise positions sexuality and affection as being derivative of both bodily *and* social aspects of being, also known as "sex/affective energy" (Ferguson 131). The need to align affection with the psychosocial and sex purely with the body are "a distortion that comes about because of Western dualistic thought patterns" (Ferguson 131). Sex and sexuality are not necessarily inherently different from other services that offer use of another's body for a specified period of time. The social mores around the importance of sex and sexuality are the factors that have created such divisions.

For Marx, independence or autonomy is only available when an individual "owes his *existence* to himself" ("Economic and Philosophic" 91). Can women negotiate the ownership of their bodies in sex work if the socio-cultural norms that surround them dictate otherwise? Does the experience of individual autonomy play into how women see themselves in the world?

Rose: I've always been independent. I've never felt the need to uhm, have to be in a relationship. Because I'm quite comfortable being alone. And a lot of people are not comfortable being alone. (4)

Dar: I'm not ashamed to do it. And men will even say to me, 'Oh, I'm sorry you gotta do this' – *don't be*. I'm not. I'm really not. And I get paid *damn* well to do it. And I have, like I said, I have my \*\*\*\*\* certificate, \*\*\*\*\* first aid, \*\*\*\*\* all of that. I went to college; everything, graduated high school, and you know what? I'd *still* do this. You know? 'Cause then I have time to spend with my dog. Then I have time to spend on *me*. Right? I don't have to sit at a job for eight hours and make minimum wage *crap*. (2)

During the interviews, some women cited their disgust (transient or enduring) when they were engaging in sex work. In future examinations of women's individual experiences of sex work, perceived autonomy should be explored in correlation to resiliency. The women who claimed the most autonomy presented as being emboldened by their decision to engage in and continue with sex work. They understood the work they did gave them the ability to obtain *life-needs*, and it allowed them the opportunity of more *time* so they could engage in other activities to achieve *self-realization* via other means.

Martha Nussbaum is inclined to reject a possible *sexual alienation* which takes place during sex work on the grounds of comparative analysis: "Does the singer alienate her voice, or the professor her mind? The prostitute still has her sexuality; she can use it on her own, apart from the relationship with the client" (Nussbaum 198). Sexuality is not physically removed from the subject once the transaction is complete. Though Marx reminds us that a product can only become a commodity under certain historical circumstances (*Das Kapital* 137), and the sex worker may engage in a form of exchange



for something of value, sex workers are not quantifying the object of exchange. If sex is understood to be a commodity, it must be expressed as a) something outside of oneself in which labour is manifested (Marx, *Das Kapital* 3) and b) quantified in units (Nussbaum 199). Sex acts are priced differently according to a series of ever changing situations: immediacy of *life-needs*, scarcity, time of day, variation of act. Is the perception of autonomy enough to imitate “real” autonomy in the sex worker’s social position in the world? Does situation or position influence the means with which these women are able to sell their services? Calling upon Joseph Raz’s “hounded woman,” a woman left on a deserted island who is being hunted by a flesh-eating animal, Nussbaum explains that sex work can grant certain individuals a sense of autonomy, though it is not necessarily an optimal form:

In one sense, this woman is free to go anywhere on the island and do anything she likes. In another sense, of course, she is quite unfree. If she wants not to be eaten, she has to spend all her time and calculate all her movements in order to avoid the beast. Taz’s point is that many poor people’s lives are nonautonomous in just this way. They may fulfil internal conditions of autonomy, being capable of making bargains, reflecting about what to do, and so on. But none of this counts for a great deal, if in fact the struggle for survival gives them just one unpleasant option, or a small set of (in various ways) unpleasant options. (Nussbaum 205)

If women who have already entered the realm of OUD, who are living in the margins experiencing a *social alienation* and are thus cast out from or reject participating society, does it follow that further forms of *alienation* can be compounded on the individual? If so, is this an inescapable, intersectional phenomenon of social interaction made possible by the institutions that uphold the values of the One-Third World living under capitalism?

Dar: But for a long time I was angry with men. I was mad at men. I *blamed* men for doing this to a girl and, I am responsible for putting myself in that position...and I take all the responsibility now. You know what? I don't feel bad about doing it, because, you know what? It's a natural, human thing to do. And I am actually quite embarrassed that the government is shunning it so bad, because, you know what, as far as I'm concerned, some men, I'm stopping them from going out and *raping* people. (3)

Cassidy: Even the sex stuff. She became a dental hygienist and stuff, and she couldn't support her three kids on that shit, so she went back to sex trade. Like, it... you know. The world's not fair. (4)

Rose: A person going into it [drug use] and doing it alone...It's because they have either felt...lost mentally and emotionally and really felt like they had nothing to lose. Or they lost something great in their life already that they don't think they can lose anything more. And it's a bit of a death sentence for some I guess you could say. (5)

## **Phenomenology and Merleau-Ponty**

No causal relationship is conceivable between the subject and his body, his world or his society.

Maurice Merleau-Ponty, *Phenomenology of Perception*

A large portion of the research in this thesis relies upon a willingness to engage with subjective experience and move away from Cartesian dualism that presents mind and body in separate realms. Though various oppositions may exist within and between the two, these realms cannot remain ontologically separate – they are *always* relational (Crossley 14). Phenomenological theory seeks to reconstruct a pre-discursive experience (Grosz 151); the “flesh of the world” is the body in which the *event* of perception and

meaning blend (Bullington 23), where they intertwine to create a “primordial concept of being-in-the-world” (Macann 171). Maurice Merleau-Ponty concatenated perception and embodiment in order to flesh out the relationship between mind and body, objective world and subjective experience. Merleau-Ponty’s notion of *perception* is not a science, act, or position, but a background that presupposes those perceptions of meaning and against which they stand out (xi). The objective world, a realm explored predominantly through empirical means, subsumes cultural/human experience: “Not only does empiricism distort experience by making the cultural world an illusion, when in fact it is in it that our existence finds its sustenance. The natural world is also falsified, and for the same reasons” (Merleau-Ponty 24). Human beings are inherently “caught up in the world” (Merleau-Ponty 5); individuals do not consciously perceive themselves as being surrounded by their bodies in the same way that empiricism or objectivism state we are surrounded by the world of things (27) – conscious beings simply *are* in the world, a world in which meaning is already entangled:

My clear and distinct thought always uses thoughts already formulated by myself or others, and relies on my memory, that is, on the *nature of my mind*, or else on the memory of the community of thinkers, that is, upon the *objective mind*. To take for granted that we *have* a true idea is to believe in uncritical perception.

(Merleau-Ponty 40)

The physical body and all of its operations of perception and consciousness are not to be understood and deconstructed as individual objects like cogs in a machine, but as a tool. The body is a means of communicating with a world that is understood to be a “horizon latent in all our experience and itself ever-present and anterior to every determining thought” (Merleau-Ponty 92). Instead of perception being a derivative of “I think,” Merleau-Ponty claims that perception belongs to the *practical* realm of “I can” (Crossley

15). In this sense, the body is always active (Crossley 14); it is seen as a *dynamic modus operandi* which allows us to exist spatially in different situations or *structures*.

The body (and the consciousness therein) cannot exist within the world without a particular context or horizon within or against which to exist (Merleau-Ponty 100-101). In these various contexts of environmental/situational exposure, the body's *motor-principle* allows the individual to learn practical skills of activity in order to cope with and manage different *structures*. These *structures* allow individuals to comprehend the world – they are the accumulation of bodily, psychological, and social understandings (Bullington 35). Much like applying a linguistic or mathematical rule, the body incorporates and executes these skills or *habits* in order to generate different effects (Crossley 18). It is through this process of application and integration that meaning is created:

Structures are our attunement to the world, on all levels, whereby we take in 'something' which is other than ourselves, get a 'grip' on this something (be it bodily or at the level of mind) and when understanding occurs, a kind of 'harmony' with that which presents itself is achieved. We gradually integrate this experience as a habitual way of relating to and understanding the world.

(Bullington 33)

### **(Drug) Habits and *Structures* in Navigating the World**

If these *structures* become permanent fixtures of an individual's understanding of the world around them, it follows that *structures* are a form of coping with a presented reality. In the context of OUDs, one's drug of choice is defined as a *habit* – the repetitive use of a substance (*structure*) which brings psychological and physical harmony to the user. There is an ideological concept which presents the body as being the sole instrument in experiencing "truth"; as a result, "the feeling of enjoyment should therefore be

regarded as having immediate authority” (Bjerg 15). These personal “truths” of the individual are influenced greatly by the historical context to which they belong:

His natural wants, such as food, clothing, fuel, and housing, vary according to the climatic and other physical conditions of his country. On the other hand, the number and extent of his so-called necessary wants, as also the modes of satisfying them, are themselves the product of historical development, and depend therefore to a great extent on the degree of civilisation of a country, more particularly on the conditions under which, and consequently on the habits and degree of comfort in which, the class of free labourers has been formed. (Marx, *Das Kapital* 139-140)

Because OUD is often instigated by various forms of *alienation* experienced through manifestations of abuse, trauma, a disjuncture in reality as experienced with mental or physical health, and/or a rejection of forced *productive labour* or being economically indentured, it is not inappropriate to consider that, once learned by the subject, the *structure* of self-medication offers two things: a physically, empirically experienced enjoyment derivative of engaging in a form of labour and a harmonization between world and self – a pure experience of being-in-the-world.

Leslie: At the time, I guess it’s, I’m thinking it’s helpful – it’s numbing the pain...I don’t know. I don’t know if it’s pain or **the whole situation of it, right?**

(1)

Those living with OUD experience the physical/emotional alleviation of pain at the level of the body when using.

Charlene: I have extremely bad, complex, post-traumatic stress....I've been traumatized over and over. And I'm at the point now where I can hardly function due to the symptoms. And uh, I need a crutch. I've tried counselling several times....I cannot function with the high level of anxiety I experience and all the other different symptoms that I display... on top of my...you know...my borderline personality disorder, on top of the stress of living here.... (2)

Steph: It's total involvement to help me cope with the reality I don't like to accept because it's not my type of reality and I'm put in a situation I don't like to be because I'm, uh, because of who I am. So I get ostracised and targeted so I have to be able to cope with that and not want to, uhm, so I do it to escape how I feel to, to escape where I am, to escape what I'm living, to escape the fact that I don't want to, I don't want to be in there. So I use it to just feel better. (1)

Tara: You feel like, you're nothing or nobody, and you don't exist, and you don't *matter*... so. Until you go out and you get that *dope* in your body and you go, 'okay, I *do* matter.' .... (2)

In addition, those with OUD also experience an intense reversal, a painful pendulum swing, when they enter into withdrawals.

Dar: And that's my biggest fear is if I don't get it, I can't move, I will *die* – physically – I will *die*. And I know I will right now" (4).

Steph: It's just a coping mechanism, and I'm probably going to get wired again and go through the withdrawal ... the suboxone... and all the screaming and pain... (2)

As a result, the physical pain further entrenches the objectified expression of temporal immediacy of the body that requires an antidote to suffering (Kemp, “The Temporal Dimension” 8). OUD’s pathological expression in the physical body offers opportunity to examine how the bodies of PWUD are configured causally under various social conditions – often the recreation of the very social symptoms of OUD that are materially incarnated via the drug user’s body (Weinberg, “On the Embodiment” 1).

Though these bodily crises carry weight and are certainly large contributing factors to users’ aversion to abstinence, Merleau-Ponty stresses that even in contexts which offer the individual an opportunity to be absorbed into the body’s sensory experience, the body’s sensory experiences cannot be removed from the reciprocal expressions of perception, motility, and representation (157) that lead them to have meaning. The intensity of bodily/physical pleasure is simply not enough to explain, for example, such phenomena as sexuality (Merleau-Ponty 167) – there is no way to remove the reference of life to (a) world:

Sexuality, it is said, is dramatic *because* we commit our whole personal life to it. But just why do we do this? Why is our body, for us, the mirror of our being, unless it is a *natural self*, a current of given existence, with the result that we never know whether the forces which bear us on are its or ours – or with the result rather that they are never entirely either its or ours. There is no outstripping of sexuality any more than there is any sexuality enclosed within itself. No one is saved and no one is totally lost. (Merleau-Ponty 171)

Indeed, the same principle has the potential to be applied to drug use. If *habits* are part of the body’s knowledge of worldly navigation, there is no way to reduce them to reflexive actions or representations of the individual’s understanding of what is to be done

(Macann 176). Even though the physical pleasure that comes with using opioids is connected to the body, it is too brute an assessment that the pleasure itself is what produced the behaviour of repeated use.

Tara: It makes me feel okay every day. I feel like, I couldn't function without it kind of thing. It's a piece of my life now. And people want to, some people ask us, 'Do you want to get off it? Lalala...' Could you fucking *imagine trying to get off something we have been on for ten fucking years?* Are you *insane?* You know?  
(3)

Meaning, the understanding of situations that the individual must navigate in the world, is never objective in its existential stability. Ideologies and the significance of certain circumstances or actions are as concrete as material objects; they form "the embodied cultural world in which we live" (Crossley 56). The past and the world as they are perceived are immanent – they can only exist as they are or as they are told to be. The body and its *habits* are inseparable from this immanence, from the operations, views, and understandings that have been acquired in order to constitute the cultural world (Merleau-Ponty 388). Because the body is structured by the world, it is of the utmost importance to recognize that the body is not merely a sum of parts, of the physical constitution, *or* genetic makeup (in the case of OUD research) – it reflects the particularities of varying situations and external influences (Weiss 123).

Tara: We all act different. Some act different when they're high. Some act different when they're drunk. And on whatever, we're all little personality traits walking around – anything we put in our body affects how we are as people – totally. (4)



It is important to note that the understandings associated with certain conditions of possibility as observed in the world by the perceiving consciousness will not always be aligned; therefore, just as language acquisition allows a child to gain the ability to make sense of a created situation (Merleau-Ponty 401), Merleau-Ponty leaves a possibility for relearning – for language (or *habits*) to be diachronically inclined. There is no human nature – only the nature of humans being in the world (Crossley 18).

### **Subject/Object Dynamic**

We are collaborators for each other in consummate reciprocity. Our perspectives merge into each other, and we coexist through a common world.

Merleau-Ponty, *Phenomenology of Perception*

In addition to his theory on subjective experiences, Merleau-Ponty presents a useful examination of subjectivity that will embellish the reader's understanding of the concept of *alienation*. Instead of perceiving the initial experience of *alienation* as a permanent disharmony between the positions of subject and object, an internalized and continuous conflict, Merleau-Ponty argues that one's experience of being subject or object is transitory and in constant oscillation. There are two modes of existential being: *in-itself* as an object in space and *for-itself* as a subjective consciousness. Though an "other" person who is recognized and acknowledged by the consciousness of the subject perceiving them may very well appear to take up space through the presence of their body (as object), the subject must *also* acknowledge that the individual is not merely a physical manifestation in their reality, but a *thinking* consciousness that exists within their physical body – they are amalgamated. The plurality of consciousnesses cannot be relegated to the objective world alone:

In so far as I constitute the world, I cannot conceive another consciousness, for it too would have to constitute the world and, at least as regards this other view of

the world, I should not be the constituting agent. Even if I succeeded in thinking of it as constituting the world, it would be I who would be constituting the consciousness as such, and once more I should be the sole constituting agent.

(Merleau-Ponty 350)

Merleau-Ponty's rejection of a solipsistic experience is relevant to understanding the aloneness and *alienation* characterized in the experiences of those living with OUDs. Individual perceptions of stigma and shame that are internalized or experienced by someone living with an OUD are dialectic and often exaggerate the gulf between the self (as PWUDs) and the Other (society/medical practitioner/policy maker/etc.).

Cassidy: They're [PWUD] so entrenched in the, you know... the knowledge that has been created for them is that they just have to take it because nobody gives down here. We tried to get our fucking *car* boosted and we... you ask somebody... you say, 'hey' to them, and they fucking turn the other way. They don't even wait to hear what you have to ask. So. You know. To be **invisible** 24/7? (5)

## **Pierre Bourdieu and Social Theory**

Crucial to prioritizing and mobilizing first-hand accounts of OUD to re-examine current frameworks of understanding is the application of three major features found in Bourdieu's Social Theory: a) socio-analysis; b) the recognition that capital is not *material* – it is social, cultural and symbolic; c) examination of the individual's embodiment of the surrounding social structures and how the individual actively exists and interacts with those institutions. By examining the social structures within which individuals with OUDs live, the often extremely divisive tensions between subjective and objective reporting on things such as agency and conditioning can be circumvented. Through a

practically applied theoretical lens, Bourdieu's framework provides opportunities for intersectionality to engage with empirical research (Moyle and Coomber 310). There is much work to be done on destigmatizing PWUD, but Bourdieu's social theory works to exonerate the individual from society's shame through an investigative act of turning back on the self as the first point of examination. For this reason, it was important for me as a researcher to examine and include how my own experience has shaped the foundations and guided the development of this research.

Bourdieu's work draws on Marx's critique of capital and class division, Merleau-Ponty's examination of the phenomenological body, and Foucault's discourse on institutional forms of power. Like Marx's historical materialism, Bourdieu claims all categories of definition are in constant flux and relational to other categories within a specific point in historical time (Moi 292). These categories of identification (*social positions*) exist within a particular social system or *field* as determined by the established, *doxic* society. Through various modes of domination, these *social positions* fatalistically and deterministically affect the trajectory of an individual's "success" in having access to and securing *symbolic capital*. *Symbolic capital* is any property (physical, economic, social, cultural, etc.) that is perceived and recognized by social agents as something of *value* (Bourdieu, *Practical Reason* 47). In a given *field*, individuals compete to corroborate or remove legitimacy from others who are invested in the same system.

Rose: It's sad because you learn how to become manipulative in a way as well too. You know you develop manipulative behaviour because you're playing the field. It's kind of, like, a game in some sense, you know? And it's what makes the money go around, and it's, you have to have that balance though. (6)

These principles of division become an embodied, “veritable *language*” (Bourdieu, *Practical Reason* 9) shared by the social agents within the society’s cultural understanding; the totality of these interactions and dispositions of social agents who exist in a given *field* are called *habitus*.

Bourdieu’s framework on *social positions* is a beneficial framework to explore the intersectional workings of women who are substance users and are also sex work involved. It is well known that gendered oppression is steeped in and perpetuated by intersections of race, class, ability, etc. (Coy et al. 2). The colonized/capitalistic *field* that surrounds women who use drugs (WWUD) sets them up for higher levels of arrest, imprisonment, stigma, HIV/HCV/STI infections and other health complications, eroded reproductive rights, violence, and overdose (Boyd; Benoit, Smith, Jansson, Healy and Magnuson; Eriksson; Shahram et al.; Sallmann). The *social positions* that these women inhabit aggressively limit their access to *symbolic capital*, including their access to drugs (quantity and quality), knowledge of drugs, the use of drugs, and treatments for substance use related disorders (Ettorre 329). Whereas the disease model to understanding substance use tends to focus predominantly on the treatment of a physical illness, Bourdieu’s theory expands on how social systems and structural violence reify social differences and the impacts they have on how WWUD relate to themselves and each other (Ettorre). In addition, the exploration of social and cultural capital as it is experienced by those who are marginalized can provide insight into delineating how their access to those forms of capital allow them to survive in an illegitimate economy (Moyle and Coomber 314).

Akin to Merleau-Ponty’s *structures* and the body’s *motor principle* in establishing *habitus*, Bourdieu’s *habitus* is the active transformation of an individual’s biological dispositions into social dispositions – a social attunement of the body, or the embodiment of symbolic and cultural capital. According to Bourdieu, *habitus* is the mechanism for

transformation that is socialized, structured, and unconsciously internalized, and moves an individual to perceive and act subjectively and objectively according to their lived experience (Bourdieu, *Practical Reason* 81); it is the “dynamic intersection of structure and action, society and the individual” (Calhoun, LiPuma, and Postone 4) that establishes a mutually constitutive relationship. Through the *habitus*, social agents consume and produce a meaningful, lived reality: “it gives expression to certain meanings that things and people have for us, and it is precisely by giving such expression that it makes these meanings exist for us” (Taylor 58).

### **Separate Spaces for the Lesser Thans**

Bourdieu presents a critique of class that claims class is *theoretical*. Unlike Marx’s *practical* approach to the division of class, Bourdieu claims that there is no *real* class, there is only a *realization (mobilization)* of class through the symbolic “*struggle of classifications*” with which to impose a specific (di)vision or form on the social landscape and those within it (Bourdieu, *Practical Reason* 11). It is not *class* that exists socially, but *space* – in this space, class is enacted as something to be *done* (Bourdieu, *Practical Reason* 12). As such, Bourdieu refuses to accept that proximity in social space engenders unity – it only creates additional symbolic divisions that are realized through varying levels of access to capital.

In the One-Third World society, social space, and thus, physical space, is controlled and regulated by the relationship between the organization/categorization of individuals and the distribution of goods and services within a particular area. These *reified spaces* are deterministically capable of controlling the ability for those within their boundaries to appropriate (to a greater or lesser extent) the capital within them (Bourdieu, “Site Effects” 124-125). Through these physical spaces and the display of an individual’s localization in relation to other individuals, Bourdieu invokes the rationale that, given

these social rules, “anyone said to be ‘without home or hearth’ or ‘homeless’ is virtually without a social existence” (Bourdieu, “Site Effects” 124). For example, government housing subsidies in the 70s worked to further entrench these social divisions where single streets would demarcate the line between the poor neighbourhoods and the wealthy (Bourdieu, “Abdication of the State” 181). In the DTES, having access to a number of social services, affordable/subsidized housing, healthcare and detox facilities is determined by how close these individuals are to (roughly) five blocks along East Hastings Street. There are very few alternatives for PWUD to relocate or move outside of the neighbourhood and still meet their daily needs if they are receiving support from services in this area. These stakes in struggle are what reify the notions of *class* (Bourdieu, *Practical Reason* 11).

For those who need assistance obtaining *life-needs*, direct, financial aid is replaced with social programs and access to various services. Governments regulate and control a version of state charity that works to avoid examining the *structures* that uphold an unequal distribution of wealth and, instead, finds ways to redistribute the cultural and economic capital that it deems fit for the “deserving poor” (Bourdieu, “Abdication of the State” 184). With the creation of programs that address specific cohorts or demographics (women, sex workers, men, etc.), further division occurs. What could be a mobilized group of people becomes fragmented, isolated, and hidden – only being spoken of in the larger community of those who are better off when they have caused “problems” (Bourdieu, “Abdication of the State” 184).

Charlene: Please give me an apartment where I can *transition* [out of drug use and sex work]. Because you can’t transition in there... you just can’t.... And this is supportive women’s housing. Helping *me* get out of the street – it’s not working. Get off drugs? (laughs).... It’s not the building that’s harder. **It’s the whole area.**

I'm sure you know that, if you've experienced even just working at a shelter and watching it, if you're in a twenty block radius of Hastings, you're a working girl. *Assumed* by any man, in any way. And you're *going* to get propositioned. And there's always one moment where I need money for something, and a regular will pull up. (3)

Cassidy: To be around professionals in this... uhm... like in this kind of setting? It's disheartening to hear how they talk about people. They talk about who gets what and how things are decided. It's just really disheartening. And if the people were there who are supposed to be the ones that are, you know? Like, these are the people who go home at night. They can sit and watch Netflix. And have their rent paid and you know? Can afford the luxury of cooking dinner. It's these people that also have some big sticks up their asses about who deserves what and how that should be given. A big problem for me with services is the fact that like all criteria you have to meet (6)

Rose: But a lot of people in the Downtown East Side do not even *leave* – like, usually live within three block radius. And don't leave. (7)

In other words, the barriers and multiple forms of *alienation* that these women face daily permeates all forms of assistance they have been offered. They are offered assistance in the form of segregated housing that forces them to remain in the DTES. They are offered financial aid that barely covers the cost of living. They are given programming out of buildings whose hours do not always correspond with their waking times. They are given meals in line ups in public spaces where they are seen by others who may impose upon them an objectification that does not abate, regardless of their working status. Regardless

of their desire for autonomy, their ability to express their individual agency is consistently removed by someone or something else.

### **Below the Surface – Economic Inequality and OUD**

Class division is one of the leading factors in the lived experience of those living with OUDs. Poverty and drug use are often correlated – regardless of the complexity in their mutually reinforcing relationship. The association between socioeconomic disadvantage and OUDs is observed intimately when examining patterns of marginalization such as low income or access to education ("World Drug Report 2016" xviii). Though this thesis engages with a specific demographic, the Opioid Epidemic affects a significantly larger group than the ones seen in this study. According to the American Centers for Disease Control and Prevention ("Today's Heroin Epidemic"), in the years 2011-2013 there was a 62% increase in heroin users whose reported annual household income was less than \$20,000 compared to 2002-2004. Households making \$20,000 – \$49,999 saw a 77% increase between those years ("Today's Heroin Epidemic"). These numbers suggest that the highest increase in heroin users occurred among the people who are required to experience the *alienation of labour* daily: the working poor.

It is clear that not all individuals who use opiates are marginalized or *alienated* in the same way; however, though marginalization is difficult to accurately measure quantitatively, there are multiple categorical risk factors associated with drug use such as homelessness, unemployment, trauma, mental health, imprisonment, and sex work (Boyd; Ettorre; Coy et al.; Maté; EMCDDA, Annual Report 2003: The State of the Drug Problems in the European Union and Norway [Libson, 2003] ctd. in "World Drug Report 2016" 71.)



Why is it that countries with higher incomes in the One-third World see the greatest levels of illicit opioid use? One speculation considers the high expense of trafficking narcotics: there are greater profits to be made in countries with higher levels of per capita incomes. Higher incomes offer more valuable markets for drug use to be enabled, established, and consolidated ("World Drug Report 2016" 73). When examining the less developed (Two-Thirds World) countries where opium is cultivated and processed into the final product of heroin, the use of the raw product is seen more frequently than use of the derivative among locals. For example, in Latin American countries, heroin use is low even though it is cultivated and processed in its sub regions ("World Drug Report 2016" 77). The association of low income levels and OUD is correlative in two ways: that a) chronic drug use can negatively affect income and income can affect drug use; and b) income disparity of the individual is reflective of their position against society as a *whole* ("World Drug Report 2016" 79). If there are fewer opportunities for the working class (low-middle class) to obtain gainful opportunities or access to upward mobility (*self-realization*) within their society, then there are extreme side-effects to that exclusion that manifest in many ways – OUD is merely one of them.

### *Subversive Identities*

The disenfranchisement that is experienced via the *alienation* of the worker is exacerbated by the loss of *human capital* (social exclusion) that comes with the stigma of being labelled as PWUD. Stigma is often used to deter or discourage the behaviours that enhance harmful stereotypes of poverty and criminality. Those who are affected by this stigma know that it contributes to poor mental and physical health, the non-completion of treatment programs, and the inability to participate in a range of community activities (Livingston, Milne, Fang and Amari 40).

Charlene: That is always hard for women who work to clean up than it is for any other group, demographic. That's why. That's why I want to promote education and awareness of the oppression of the injustices down here. Mostly to educate people because I'm sick of watching tv shows where a prostitute is either pictured as a ballin' rich woman who is sexy as *fuck* and livin' it – and, or the uhm, unfortunate victim who is, you know, they don't even consider a human being. You know? (4)

Stigma itself acts as a barrier to receiving care – it discourages those living with OUD from disclosing their situations to healthcare providers, employers, community members, family, friends, etc. Because the possession and use of illicit narcotics is criminalized, social/cultural stigma and institutional violence (through enforcement) combine to become an imposed silence that mandates and perpetuates “riskier” living.

Individuals who exist in the crossroads of poverty stricken/homeless, sex-working women with OUDs are created through a sort of *social magic* – they are given attributes and special designations that prescribe an essence, a way of symbolically existing that force them to become what they are declared to be (Moi 290). Pushed to the margins of society, people living with OUD, neglected and abandoned by the larger social community, might move on to become a living *contradiction*.

Cassidy: It's not easy once you get clean and once you decide you're going to make a commitment and, you know, leave everything you know. And they tell you, you know, in recovery, it's like, 'Leave your friends. Leave your...' you know! Blah blah blah. It's like, *right*. Because everybody else is so heart-warming in this world that you're going to have a *ton* of supports and you're going to feel accepted after you jump over. And people are going to hold you up to the same,

you know, like your background and stuff... so it's such it's a *joke*. Tell people to go and encourage them to do this shit so they can *what?* Go work at fucking *Tim Horton's* and have a manager *there* even judge them? And you know...like...it's just like, *for what?* (7)

The rejection of the capitalistic discourse that presents itself as the 'Truth' can offer the ability to find some form of *meaning* through the acquisition of alternative products on the market (opioid) via an "unsanctioned" form of labour (stipend labour/peer work, sex work, binning [finding things to sell or return for money in dumpsters]) that is ungoverned by the market.

Tara: Sometimes I want to go be around people. So I'll go to a place I can shoot up to be around people. So I don't feel solitary all the time. I get to see people and network and resource. I get to see people that I've used with, and, uhm, I get to go have a coffee and chat with somebody. You know, it's a way of having sociability. (5)

Rose: I will say there is a community of people out there that's going – it is a community – but it's a community of uhm, (snaps fingers) what do you call it...not even uhm, associates in some aspect but uhm.... Just somebody that is like us, and it's just... you know...you're going into a room where people are using and then you sit there and you talk – and some don't want to talk. (8)

Cassidy: There are some nice people out there, alright? People who are kind and who are all sorts of things. But they are people who *have* drug problems. Like, people who have *done* shit. (8)

Anne: The reason why I started opiates again this time, this current time, just over a year ago? I'm not blaming anybody else, but, somebody...my partner, uhm, him and I split up for four months, and when him and I got back together, he neglected to tell me that he was on, he had started using heroin. And uh, three days after I got back together with him, I noticed him being quite sick? And he told me why, so I went to get him better, and I've done it before, so I figured I...maybe start doing it again, and I ended up doing it. But it's my own decision in doing it, but for now it's definitely more of a social thing. I don't *like* using alone. I don't think I ever will use alone. I like to share my dope. So I'd have to say it's more social now? Especially since I'm with somebody who... we use! And when we don't, I notice that when we're not using, we're in our own rooms and we're not communicating. (1)

Through a process of radical rejection, some WWUD become self-sufficient in that they no longer rely on the pre-existing, exploitative social relationships built into the structure of a *capitalist* narrative (Dos Santos Canabarro and de Leão D'Agord 489-490). Though these forms of labour are still *productive* in that they create *use values* through *objects of utility* that are exchanged for money, some women perceive the work as less exploitative. WWUD gain the means of obtaining *life-needs*, engage with other community members, and form understanding partnerships around use. In other words, the conscious (or unconscious) embodied expression of labour that sex working women who use opioids choose is a radical rejection of a society that leaves them behind.

### **The *Use-Value* of Sex**

If, as we have seen with the phenomenology of OUD, substance use is a *life-need*, a corporeal requirement for people living with OUD, to understand the possible economic transaction between a sex worker and their date requires clarifying some working

definitions around labour. The production of *being-power* (replacing *labour-power*) relies on the reproduction and maintenance of the individual (sex worker with OUD). This state can only be maintained through the ability to obtain a certain quantity of a given means of subsistence (Marx, *Das Kapital* 139) in order to satisfy or meet one's *life-needs*. To meet these requirements, the sex worker must engage in a form of labour in order to survive. Through *alienation*, the individual who comes to unconsciously reject the socially sanctioned "free market" finds themselves located in a phenomenological market: a *lived* market of the flesh. In navigating the limits of their exclusion, sex working WWUD generate their own form of cultural capital as a means of survival.

What type of labour is the sex working WWUD engaging in? The position she occupies in society is complicated by her ability to be self-employed and sell her own sexuality. The services she provides require both physical and mental/emotional involvement, but her labour is not *productive* in that it does not produce *surplus value*. The sex worker engages in a form of what I will call *positive labour*, that is, the temporary lending of self to an other in order to obtain *life-needs* or the means of obtaining them through a form that imitates *direct exchange*. The sex worker and the client participate in an exchange which exists *outside* the regular circulation of commodities: "namely, the appropriation of use values, the satisfaction of wants" (Marx, *Das Kapital* 124). In this form of *direct exchange*, both parties are confronted with and obtain a means of fulfilling their *life-needs*: the sex worker is able to reproduce her *being-power* and the client obtains sexual satisfaction. This form of exchange provides a near *immediate* means of meeting and regulating bodily needs.

Tara: I was sick, I didn't have dope for a couple days, so I thought, eh, I might as well just do it. I'm sick. I need some dope. I'm hungry and I...not even the hunger part was a factor of it. (6)

Leslie: Sometimes it just occurs without you ever knowing or trying it or expecting it to happen, right? .... And it just comes up with the dope, right? (2)

Leslie: For me it is – I guess – it's the income to get the dope, right? (3)

Because these experiences are directly related to the subjective experience of *being-in-the-world*, neither the client nor the sex worker can commodify and capitalize on what they have gained out of the transaction – even if money is exchanged. There is no way to exploit the labour of the self-employed sex worker or the outcome of the labour in order to capitalize on it.

This act produces no increase of exchange value either for the one or the other; for each of them already possessed, before the exchange, a value equal to that which he acquired by means of that operation. The result is not altered by introducing money, as a medium of circulation, between the commodities, and making the sale and the purchase two distinct acts. The value of a commodity is expressed in its price before it goes into circulation, and is therefore a precedent condition of circulation, not its result. (Marx, *Das Kapital* 129)

This theory involves identifying sexual gratification as a *life-need*. Critics such as Pateman argue that sexual satisfaction should not be placed alongside food and shelter in the hierarchy of human needs (61); however, the drug user will not die for a lack of opioids— but withdrawals *feel* like a physical death and the *structure* of drug-use is sedimented in the drug user's sense of *being-in-the-world*. One may not die without sex, but a lack of sexual gratification or emotional or social connections promotes isolation. Marx's approach to human activity states that no human being can live in solitude – the *praxis* of human activity and the social relations that follow are what drive people to live (Jaggar 54).

Dar: It's a natural human thing. We were born with a desire to have sex. It's not something that should be shunned .... And that's where I come in. And I don't feel bad for doing it. They're happy when they leave. I'm happy when I leave. I get, you know...so it works out in both ways. All I ask is that they're honest with me, I'm honest with them – what I will do, what I won't do – and I've done it for over twenty-five years. (5)

In addition to being conceptualized as a *life-need*, sexual gratification or sexual satisfaction can also be considered a socially *constructed* and internalized need that becomes a *transitional object* and thus has *social use-value*.

The sex worker's *use-value* is the provision of sexual pleasure and the *exchange value* is the physical and mental/emotional labour of providing sexual services to the client. The exchange becomes a necessary act of human activity: *positive labour* instead of *productive labour*. If this exchange maintains consistency over time, the exchange of these items (sex work for money or drugs) becomes a “normal social act” (Marx, *Das Kapital* 67). The values ascribed to each item of exchange are not set at a specific rate on each occasion. The cost of illicit substances fluctuates depending on quality or quantity. The cost of sex-acts fluctuates depending on circumstance and situation. In such a system of exchange, the sex worker occupies a non-traditional labouring role in society, so long as she is self-employed.

Dar: Yes, right now I work on the street. And to be honest with you, I could have gone back to that escorting agency where they call in and make five or eight hundred dollars....I don't want to be *owned*. They *own* you. They know what you do, when you do it, how long you do it, every part of your life – they *own* you at those places. And they're all run by *bikers*. And I don't want to be owned. I want

to sleep when I wanna sleep, I wanna go for a hike with my dog when I wanna, like, I am my own boss...and I only go out when I *need* to right now. (6)

The experience of living under capitalism and internalizing the cultural norms it promotes contributes to the very rewiring of our neurological pathways or the training of our reward systems (Chin 142) – the very systems involved in drug use. Without the willingness or ability to engage in a meaningful form of *useful labour* that contributes to the individual's *self-realization*, it is possible that every individual living under capitalism – especially those who reject the coerced servitude it demands – would learn to find various coping mechanisms in order to remain “productive”. Problematic is that the productivity may not be an idealistic, fixed, Marxist definition. Productivity, in the case of PWUD, can merely mean pacifying the anguish of multiple traumas experienced through various forms of *alienation*. Once learned, the *structures*, the *habitus* of achieving this state can be challenging to dismantle:

Cassidy: At this point I'm actually kind of more sick of it – like, it's just this thing that has taken over my life. It doesn't matter how good I'm doing, it doesn't matter what I have in my life...at some point it just always rears its head. So clearly, there's something I gotta...there's clearly something I'm not looking at, or whatever. It's – part of it's too is that I've just been doing it for *so long*. It's like I *grew up doing* it, and like, it's just...not to use it as an *excuse*, but, like, it's familiar as far as it's, like, you know, I'll go so long and then stuff will eventually, like, I just cave .... You know it's hard to maintain relationships 'cause of it like...just...not and, you know, I'm not *invested* in the lifestyle, so it's like, I tend to be around people that *aren't* using, and it's like, still, spend your whole life hiding. So. (laughs) you don't really fit on either side, kind of thing. I don't really fit with the users, just because it's something I can't deal with, it's sad to watch,



it's sad to see people hurting like they are. So I know better, I have the resources. I know how to stay clean. I know what I need to do. Like, it's not like I don't have that financial... you know, it's nothing like that for me. So, you know, literally I know better – but I keep choosing to go back, so. (9)

Women who use opioids are *alienated* from society, the labour market, and their bodies. In order to survive and navigate the boundaries of their exclusion, these women create their own space through surrounding themselves with women who have shared, lived experiences. These women generate meaning and *cultural capital* through their *habitus*: by engaging in *positive labour* as a more embodied form of *direct exchange* in order to maintain their *being power* and spend more time on *self-realization*. These sex working women who use drugs live in opposition to and radical defiance of the system that works to exclude them and perpetuate their marginalization through limiting their access to socially sanctioned *symbolic capital* outside of their own field. I have explored whether the body can be leveraged as a means of intervention in itself. This work is preliminary. More research should be done to identify if there are practical avenues for therapeutic labour through relocating the individual back in their bodies in order to address substance use disorders.

## Chapter Five: Discussion and Interpretations of Interviews

This research is part of a bigger process. Though it began with a focus on theory through the English department, the work shifted and grew over the years. In Bourdieu's social theory, the right to speak comes only to those who are already invested in the *field* through their access to capital (Moi 271). If they do not have access to that capital, they are censored through *symbolic violence*. I wanted to bring forward the narratives of those who are often considered *heterodox* into the established educational *field*. Through the course of applying and reapplying to the Research and Ethics Board, it was repeatedly made clear to me that there was often a rift between process and practice. I encountered a series of barriers that were frustrating and time-consuming. It was said, on multiple occasions, that theoretical work and practical application do not go hand-in-hand, but I believe they must hold the same space in order to keep one another in check. Since beginning this process, my own views and perceptions have shifted. The weight and motility of my own *habitus* have kept me engaged and ask for further exploration between theory and practice. Nothing should be fixed or stagnant. If the governing body of education goes unchallenged, it is only because its display of order is portrayed as natural and self-evident (Moi 277). Tuhiwai Smith points out that negotiating the institutional *practice* of research and attempting to transform it has become as important as engaging in it (141). Much like the phenomenological oscillation between *subject* and *object*, the undercurrent throughout this work speaks to the relationship between the political and the theoretical. Like Homi Bhabha's 'hybridity', one perspective necessarily in/transforms the other through historical and philosophical tension (2360).

This thesis began as the overdose crisis was bursting forth into lives of PWUD in North America – especially British Columbia. If the world is a culmination of expressions of different *species* of capital – physical force (military/police), economic,

cultural/informational, and symbolic (Bourdieu, *Practical Reason* 41) – how and where can critique enter the social space of such a society? The answer is crisis. Where crisis exists, praxis must follow in order to create a redefinition of language and experience of those who are oppressed within the system. Though this thesis is too small and too late to be meaningfully applied to the thousands we have lost to fatal overdoses in the last four years, I hope that it may lead the way for my future work, reminding myself and others who may read this to uphold the individual as the expert of redefinition while also using theory as a tool to help dismantle the structural violence that creates and shapes their experiences.

### **Phenomenology and Voice**

If the body is experienced as an ambiguous constellation of possibility, it is this ambiguity that is the essence of human existence: “everything we live or think has always several meanings...thus there is in human existence a principle of indeterminacy” (Merleau-Ponty 169). There is no applicable theory or overarching *structure* with which we can frame the experience of an individual with OUD, *there is only the backdrop of endless covariance against which to position individuals*. Merleau-Ponty claimed that one of the chief gains from the phenomenological approach is the unification of the two extremes of “rational” thought: subjectivity and objectivity. Rationality is only proportionate to its accumulation of blended perspectives, shared perception, and created meaning: *there can be no plurality in the face of the absolute* (xx). By treating all views as relevant and real, greater knowledge and existential meaning are gained (Merleau-Ponty xix). People use drugs because it *means* something to them, both physically and emotionally. One cannot expect to know why or what that meaning is unless it is understood that the practical involvement of drug use is tied to the situations and social contexts in which drugs are consumed (Weinberg, “On the Embodiment” 15).

Merleau-Ponty and Bourdieu's theories are applicable to research done with human subjects. The richness of individual experience provides a larger framework from which to approach some of our society's grossest harms. Grosz outlines three basic fundamental reasons for favouring a phenomenological perspective: 1) though the use of *lived* experience is not unproblematic in its own right – knowledge of and from these accounts is substantive and produced by the dominant cultural narratives within which it exists – individual testimonies should be looked at as supplementary to the existing *doxa*; 2) phenomenological research provides an opportunity to theorize personal experience, to use it as a starting point of critical analysis and a measuring stick with which to test and assess other theories; 3) phenomenology moves away from upholding the traditional divide of mind and body – instead, perception exists outside the divisive binaries as a “mid-way point” that collaborates with each side of the mind/body divide (148-149). Though measuring and quantifying one's *positional suffering* – the position a person occupies in the social macrocosm via their social microcosms – is an impossible task, the means with which to engage these populations and identify gaps in social support is through valuing their experiences, documenting them when permissible, and exploring how they have been created from socially sanctioned, institutional despotism. There can be no explanation of the social without first locating the individual (Bourdieu, “To the Reader” 1). As Toril Moi states, “any effort to make a specific analysis public – to objectify it, as Bourdieu puts it – must include the speaker” (279).

### ***Alienation and the Objectification of the Body***

The primary moment in the objectification of the world is the objectification of the body (Macann 171). Though Marx's application of labour theory is not directly transposable to 21<sup>st</sup> century society, the underlying identification of *alienation* is present in any class-based society. In the context of OUDs, the body is used as a direct site of

exchange: substances are internally deposited and feelings of comfort are produced.

Capitalist society promotes the accumulation of *surplus value* at the cost of others and dictates the quality of human relationships born out of these realities. Our current system necessitates the exploitation of people, animals, natural resources, and land. There is no room for the individual to work toward *self-realization*. We are *born* exploited. We are indentured into wage-labour unless we are of a higher class. If, under capitalism, “the worker may only have enough for him to want to live, and may only want to live in order to have [enough]” (Marx, “Economic and Philosophic” 96), how does life become meaningful with very specific allocations of *productive labour* for the subordinated class? *Alienation* is present in all forms of structural and social institutions. It is the violent severing of community and of self and the imposition of solitary existence. *Alienation* is not just about class; it lives in sexism, racism, ableism, homophobia, transphobia and the production of luxury commodities (beauty, diet, health, fitness, fashion, entertainment). *Alienation* has become an organizing principle of our world.

### ***Alienation and the Solitary Experience***

In the interview questions, women were asked to identify whether their opioid use and sex work were solitary or social. Most of the women answered this question from a literal point of view which indicates that, if explored again, perhaps using alternative methods of exploring those concepts, such as work association or follow up questions regarding feelings might be useful. Though the theoretical implications may have been redirected, many of the answers supported the notion that both experiences of sex work and drug use relegated the women to the solitary realm. Half of the women (4/8) cited that sex work was a solitary experience. Three of the eight women did not address the question directly, but went on to explore the ways in which they engaged in sex work. Only two women touched on the possible social aspects of sex work, citing the need to

have access to two things: a space to work out of and physical safety. Yet even *with* the concern of safety, these women largely agreed that, overall, sex work is solitary due to necessitation and stigma. When asked about their drug use, six out of eight women said it was a solitary experience. Overwhelmingly, the women cited the following reasons for not wanting to socialize in their drug use: safety issues (thefts, bodily harm), shame (perceived stigma from friends, family, or society), abating inner crisis or suffering, and greater ability to relax alone. The times when women cited social patterns of use, they were due to issues around partnerships, the desire to be around other PWUD in community centres, or access to safe consumption sites (SCS).

### **The Active Body in Structured Stasis**

The selected aspects of theories by Marx, Merleau-Ponty and Bourdieu have presented the opportunity to see OUD through a different lens. If the individual with OUD views opioids as a *life-need* that is obtained through labour (an imposed [social] necessity in order to survive) they are forced to engage in some form of exchange in order to obtain the sustenance they need to live. Though a lack of opioids will not cause the individual with OUD to perish, they will experience a physical and emotional anguish whose likeness to death is internalized. In the interviews, OUD was cited to be either a) triggered by a series of events that have *alienated* the individual (from themselves, family, society, their physical bodies), or b) triggered by a disharmony in their current *habitus* and their ability to meet other *life-needs* (pain management, insomnia, a need for housing). Echoing the theoretical work, these narratives suggest that opioid use becomes a learned *habit* used to navigate the *structures* of the world around the individual.

For people experiencing OUD, opioid use becomes an “organizing principle of their world” (Mølbak 371) and “a way of adapting to sustained dislocation” (Alexander

129). Through the application and integration of general dispositions navigating the *field*, meaning is generated. The *fields* that WWUD occupy are controlled and governed by *structures* that obfuscate their ability to access, not only *symbolic capital*, but alternative forms of labour. They are *alienated* three times over: *labour alienation*, *social alienation*, *bodily alienation*. Through various levels of oppression that are often socially sanctioned and imposed on the bodies of sex workers, a social magic takes hold; it imposes an essence and produces an assigned identity. The women *become* opioid use disorders. They *become* social outcasts. They *become* women. They *become* sex workers. These attributes act as two barriers: 1) a barrier to accessing any form of *symbolic capital* on their own terms; 2) a barrier in that they can, predominantly, only access programs that silo women/sex workers off from the rest of the commodity pool. The social harms that are done to women engaging in sex work by societal “norms” are countless, but none are as pervasive as the stigma attached to them. Some of the women felt that, even if they were to leave sex work and discontinue using opioids, they would be viewed differently if their previous positions were discovered.

Charlene: I know there's a before [engaging in sex work]. I don't think there's an after. Not yet. Not until I can walk out and tell somebody, 'Yeah, I used to be a working girl' – and not see their eyes change and how it changes the question... (unintelligible) ...Shit, 'why doesn't she have more money? Better clothes? I would have saved up *my* money...' Immediately I'm an object again, and I'm not a human being. (7)

The women interviewed often cited their inability to un-learn or re-learn new *habit/us* because they were locked into their *structural social positions* and did not have the ability to experience much movement. The *lived-body* of the sex worker is merely

assessing and mobilizing *structures* which have previously worked in navigating the world independently.

Dar: You know what, it's like I'm in a play. To be honest with you. It's like, I put on a mask. And whoever I'm with, they *want* something – a certain something. Whether it be the TGF, the temporary girlfriend experience, it's whatever will make them happy and get them the hell out of your life. You do whatever they want, the quickest you can, and you get them out. Some want the *yes, girl*, some want the dominatrix, some want... it's a *role*. It's a *play*. And that's all it is. And I do whatever I think.... From coming from so much abuse in my life? I've been able to be a chameleon, and I tend to be able to read people when I walk into a room whether they be lawyers, doctors, bums, junkies, you name it. I seem to be able to get to their level *right now* and read them, and that comes from abuse and *not* getting hit. You can say what you *want* them to hear so you don't get hurt. You know. And that's provided a good service for me because, like I said, that's like a play. And I just put on this mask, what they want, whether I be the high school cheerleader that's coming home from school or whatever they want, you know, like, that's all I consider it. That's my disassociation disorder as you could say – kicking in. So. It's all, uhm, survival skills I picked up along the way. So. Because, if I didn't, I would have killed myself by now or would still be suicidal if I didn't have those coping mechanisms. (7)

### **The Darker Side of the *Habitus* in Practice**

As previously stated, this thesis engages a theoretical interpretation of the relationship between sex work and OUD in WWUD. The intention is to enhance existing modalities of care through adding this examination of *lived experience* and theoretical



analysis to the ever growing body of knowledge. Though this thesis did not seek to engage with or speak to sex work as being inherently exploitative, there is a darker side to the phenomenological reading that should be addressed. The body itself does not represent the actions it performs – it is not merely a sum of its parts. The body is *active*: it is learned and brandished (Coy 63). *Structures* or *habitus* can be formed in many ways. One of the potentials learning pathways is a child’s learned objectification via childhood abuse or later sexual trauma. The *habitus* from previous encounters of sexual trauma can create a “model of corporal ontology” that dictates how women engage with their bodies and understand the boundaries of bodily ownership (Coy 66). Many of the women interviewed expressed ties to their childhood traumas.

Charlene: I was beaten and raped continuously. And though people feel very sympathetic of that, they don’t feel the same way for girls on the block. And they’re there for the exact same reason. It’s just a bigger cage, man. And it’s rape. It’s the rape of my vulnerability. (5)

Dar: Trying to disassociate from feelings of physical, emotional, and sexual abuse from my father. (8)

Cassidy: If I think about day-to-day relationships with like body and sex and stuff like that, it’s the bigger effect. It’s the, it’s the...it’s looking back after decades and thinking how many choices that I made that I might not have made if I didn’t have those experiences? How closed off am I .... I was a victim. I didn’t feel like it. I don’t in general. It’s not like that. It’s just...it’s almost *fucked* that I’m *not more fucked up about it*. I feel like? That’s what it feels like? I feel like I should be more fucked up? But in a sense I am fucked up? Whatever. (10)

The *habitus*, though always active and generative for the individual, is simultaneously set up to reproduce the social structure that governs the current *field*. The very things that perpetuate the devaluing of certain social positions (race, class, sex, gender, etc.) are upheld by those who have been subjected to its organizing principles. Though it is appropriate to acknowledge that the perception of autonomy and agency, as it relates to sex work, is certainly present in the narratives of *some* women interviewed, it was not the case for all of them.

For those who attempt to reject the organizing principles of the *doxa* in light of their *alienation* or exclusion from the competitive *structure* of the *field* due to their lack of access to *symbolic capital*, the *habitus* of substance use and independent, *positive labour* are formed. The “veritable language” of this particular *habitus* is just another means of self-expression and self-awareness against the backdrop of existence. Their *habitus* cannot exist outside of the structuring *structures* that create the totality of their experience, but it can shift and actively generate different points of meaning for those experiencing it. Just because one *habitus* worked in a certain *field* does not mean it will continue to work for that individual if the active body changes its understanding of the spaces it inhabits. A change of perspective or a change of environment can motivate the drive for transition:

Anne: I’m just not liking the opiate use anymore. I did before and it was helping, but now...the uhm...the, not the physical, the mental is starting to come out more? And I am having to stuff feelings down. And having to do that while I’m using isn’t exactly easy, so I think I have to quit and deal with what I have to deal with. Which, I mean, what’s that? Twenty years ago? Was when he died? And I think about now is when I’m ready to deal with it. So. But yeah. The whole time, I’ve used hard drugs ever since that happened. The death of my baby’s dad. (2)

Dar: The better my self-esteem gets, the more I don't want to do drugs. So it's kind of going hand in hand. But it takes me to want to do it all. It's only *me* that's moving it ahead. (9)

Understanding that the *habitus* is able to be reshaped, it would be productive to explore other aspects of the embodiment of substance use from a gendered perspective to determine whether they are creative alternatives to create new, innovating programs for respite and recovery.

### **Anticapitalistic Avenues of Understanding**

Capitalism's "underlying fantasy" is that individuals can search for endless opportunities for enjoyment and satisfaction through the many possibilities it creates (Bjerg 17). It is precisely the individual's unwilling subscription to wage labour that forces *alienation*. Late capitalism's ideologues (the social institutions that produce and promote its campaign) are given free rein to perpetuate social dislocation and further entrench those who experience an intersectional *crisis* of compounded *alienation* in the margins. Marx's social logic examines *crises* as being historically material in their production – they are produced systematically by other *crises* in various networks of relationships through particular periods in time (Hennessy, *Materialist Feminism* 6). Marx concedes that the ruling class can only exist through "incessantly revolutionizing the means of production" (Marx and Engels, "The Manifesto" 128). The "hunger for the new – the hallmark of capitalism" is, perhaps, not always negative – it means that human activity is still capable of bringing forth change (Hennessy, *Materialist Feminism* 103). What can the experiences of sex working WWUD tell us about the barriers that exist in accessing social services? Can the stories these women shared revolutionize the way that OUD and sex work are routinely stigmatized?

If the capitalist *crisis of alienation* has contributed to the working class and de-classed citizens engaging in coping strategies that inspire or influence OUDs, it would take social changes *en masse* to reshape the relationships that govern how people exist in the world. If society as a whole begins to change the way OUDs are understood and social programs are approached, these culturally expressed side-effects of *alienation* (in OUDs) may find some relief. The subjects of late capitalism are significantly more entrenched in their identities that limit their access to *symbolic capital*. The regulation of commodities, systems of exchange, and devaluing of labour have worked their way into the private spheres of everyday life to challenge the individual's freedom: "A decentered, fragmented, porous subject is better equipped for the heightened alienation of late capitalism's refined divisions of labor, more readily disciplined by a pandemic corporate state, and more available to a broad nexus of ideological controls" (Hennessy, *Materialist Feminism* 9). Under capitalist production, the interdependency of social groups is lost; individuals are invited to see each other as isolated and *alienated* enemies – as competition (Jaggar 58). Is there a way to combat enforced *alienation* and work to promote social success and relearning through transformation of old *habitus*?

### **Further Research**

The interviews did not indicate an explicit connection between the body as a site of transmutation when examining sex work, but there was a notable undercurrent of self-generated meaning and social solidarity through advocacy or peer work. The social bonds that form the basis of civilization (related to *social capital*) reflect the various connections between self (subject) and Other (object). The fear of becoming objectified, a body without agency, may be mollified if the dynamic between two whole beings is balanced and cooperative. The initial experience (or at least, one version) of *alienation* can perhaps be overcome by establishing connections and relations with the others around them

(Fielding 195) – a tactic that requires further assessment in its potential for practical application through programs designed for those with OUDs. Not only does working with other groups of PWUD appear to offer a community of speakers that use the same language, but it may offer a chance to engage in a healthier collaborative of reciprocal *being*. PWUD may, in a sense, “coexist through a common world” (Merleau-Ponty 354).

Charlene: I went from client, to peer, to \*\*\*\*\*, the whole department. I wrote my own programming for \*\*\*\*\*. It was awesome. (6)

Cassidy: I do tend to end up like on the other hand helping people out all the time, and then they’re in my house, and they’re taking over my life and taking shit whatever, it’s always something – it’s always something ... (laughs)... on the other hand, it’s like, you see somebody and you want to help because I think you should help if you’re in a better situation than anybody. (11)

Dar: So I came back down here a year ago because I really want to help people that are in addiction, and I want to help younger women, so they don’t... if I can give one a hug and make one girl smile, I’m making a difference, and I know that. ‘Cause I can go in the back alleys and see the most dirtiest, ickiest person on earth, and I don’t judge them, and I’ll listen to their story, and take...give them a hug. Sometimes that’s all you need is just a hug or something, to stop and smile. Especially when you’re down and out, right? Just someone who’s not going to judge you for five minutes. (10)

Tara: and you know, we will engage with women – we feed off of each other’s personality traits and how we engage with one...and then we both come back and we are like, *high*. You know what I mean? You get this certain *high* from engaging with people and you have like a repertoire with everyone and the shift is

going great, your bag is empty, you know, and it makes you feel like we're walking three inches off the air and just like higher than a kite and our boss thought we were really *high*, like *high* high – and we're, "no!" We weren't *high*, we were just high on *life*, you know what I mean? And sometimes you get like that. (7)

Rose: There are people down here who struggle with mental issues, who, and I feel really bad for them because they've been dealt a shitty hand in life, and they can't help themselves. But you know, I pray for them every day of my life, and if I can help them in some way – whether that be giving them something or sharing something or give them five bucks or ten bucks or whatever, you know, I know what it's like to be dope sick too. (9)

It would be worthwhile to examine the power of transferring experience into action in order to negotiate or mediate the fear of becoming objectified. Though "consciousnesses present themselves with the absurdity of a multiple solipsism" (Merleau-Ponty 359), the isolation experienced by marginalised and *alienated* individuals who are subjected to heightened forms of social stigma might be alleviated through social support. As seen in some of the transcripts, the women who began engaging in a different labour *field* through peer work or social support gave them an opportunity to legitimize their lived experience and employ it to help others. Finding ways to create and take up space, to create access to a new *field*, a new *habitus*, a new culture that exists (somewhat) outside of the *doxic structures* and *fields* that devalue and de-class these women offers potential to produce a more meaningful reality.

Though the exploration of theoretical approaches to the relationship between sex work and OUD did not come through as definitively as the hypothesis anticipated, it is

clear that the frameworks presented offer valid supplement to the current frameworks currently addressing OUD. There are grounds to infer that there is a common thread of phenomenological manifestations in the narratives of PWUD – especially as it relates to *alienation*. The intention of this thesis was to engage in preliminary research to see if theoretical inferences could be integrated and aligned with collectivizing individual narratives. With this model of study, the major challenge of extending the opportunity to engage in academic research was largely related to participant volume (more women were interested in participating than this study was able to accommodate). There are countless stories to be heard, and there is only a finite amount of time to listen to the voices in crisis. As a materialist feminist, an individual with lived experience, an advocate, an academic, a front-line worker, a community member, and an artist, I feel responsible to better understand the social arrangements that govern our *being* in order to criticize how power is exercised and weaponized against those who are not given the means or the space to exist.

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## APPENDIX A

### APA's Diagnostic Criteria for Opiate Use Disorders

A. A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

1. Opioids are often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
4. Craving, or a strong desire or urge to use opioids.
5. Recurrent opioid use resulting in a failure to fulfil major role obligations at work, school, or home.
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.
8. Recurrent opioid use in situations in which it is physically hazardous.
9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following:
  - a. A need for markedly increased amounts of opioids to achieve intoxication or desired effect.
  - b. A markedly diminished effect with continued use of the same amount of an opioid.
11. Withdrawal, as manifested by either of the following:
  - a. The characteristic opioid withdrawal syndrome (refer to Criteria A and B of the criteria set for opioid withdrawal, pp. 547-548).
  - b. Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

(APA 2013, 541)

## APPENDIX B: REB APPROVAL



### RESEARCH ETHICS BOARD

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#### MEMORANDUM

To: Sarah Blawatt  
CC: Maryna Romanets

From: Henry Harder, Chair  
Research Ethics Board

Date: July 6, 2018

Re: E2017.0504.032.00  
The Embodied Experience of Alienation and Habitual Opiate Use: Examining  
the Body as a Site of Direct Exchange and the Creation of Subjective Meaning

---

Thank you for submitting revisions to the Research Ethics Board (REB) regarding the above-noted proposal. Your revisions have been approved.

We are pleased to issue approval for the above named study for a period of 12 months from the date of this letter. Continuation beyond that date will require further review and renewal of REB approval. Any changes or amendments to the protocol or consent form must be approved by the REB.

Good luck with your research.

Sincerely,

A handwritten signature in black ink, appearing to read 'H. Harder', is written over a light blue horizontal line.

Dr. Henry Harder  
Chair, Research Ethics Board

## APPENDIX C: CONSENT LETTER



### Information Letter / Consent Form

**Project Title:** THE EMBODIED EXPERIENCE OF HABITUAL OPIATE USE AND BODY LABOUR

**Project Lead:** Sarah Blawatt

Gender Studies Master's Thesis

University of Northern British Columbia

Prince George, BC V2N 4Z9

blawatt@unbc.ca and/or (\*\*\*).\*\*\*.\*\*\*\*

**I. Why are you being asked to participate in this study?**

You are invited to engage in this research because you have identified that you are: currently homeless (living outside, in someone else's suite, or staying in a shelter) or living in single room occupancy (SRO) building; currently physically dependent on daily opiate use; are engaging in sex work.

**II. Purpose of the study**

The intention of this project is to better understand the experience of opiate use and the work you do. I hope the results of this study will initiate further inquiry into the understanding of addiction and body work. **Participation in this research is voluntary.** You can refuse to answer any questions that may make you feel uncomfortable, and you have the right to withdraw from this study at any time (during or after the interview) without giving a reason. If you choose to withdraw, all of the information you have provided will be securely destroyed.

**III. What the study is part of**

This study is part of a thesis being carried out by myself, Sarah Blawatt, as part of the Gender Studies Master's program at the University of Northern British Columbia under the supervision of Dr. Maryna Romanets. Once the thesis is completed, it will become a public document. If you have any questions, you may contact me directly at: [blawatt@unbc.ca](mailto:blawatt@unbc.ca) or (\*\*\*).\*\*\*.\*\*\*\*. You may also contact Dr. Romanets at 250-960-6658 or [Maryna.Romanets@unbc.ca](mailto:Maryna.Romanets@unbc.ca)

**IV. What will happen during the project?**

This is a one-on-one interview. If you consent to be in this study, you will be asked some questions about your experience with drug use and sex work. The interview should take

approximately 1 hour. There will be a small, handheld recorder placed on the table during the interview.

To ensure a wide range of people are given the opportunity to be interviewed, there are a few initial questions about your gender, ethnicity, and other characteristics. The information will help better analyze the data being collected. This information is not mandatory for participation.

After the interview, if you would like to review a copy of your de-identified interview transcript (the typed out interview) **within 90 days**, please indicate how I may be able to contact you to set up another meeting in the section below regarding **consent**. A review of the de-identified interview transcript can take between 2-3 hours – these hours do not include another stipend.

**V. Potential risks to participation**

There is no reason to believe that anything in these research questions will harm you; however, some of the answers that you may have may trigger negative associations. If during the course of our conversation you feel uncomfortable, let me know you do not wish to proceed. If you choose to withdraw and stop the interview, there are no consequences, all collected data will be safely destroyed, and the \$25 gift card you received at the beginning of this interview is yours to keep regardless of the completion of this interview.

**VI. Potential benefits to participation**

There may not be any benefits to taking part in this study; however, in the future, others may benefit from what is shared in this study by promoting further inquiry into the individual's experience of opiate/opioid dependency, sex work, and the supports they may need as a result.

**VII. Confidentiality, anonymity and data storage**

Though the research findings will be discussed in the thesis, the interview questions will not contain anything that may reveal your identity. Once the interview is completed, I will transcribe the data and remove all possible indicators that may identify you. If you wish to come up with an alternate name (alias) for yourself, you may do so and let me know – otherwise, I will assign you a false name to help further protect your identity.

If you consent, the interview will be recorded on an offline, handheld device and kept on my personal computer until they are transcribed. Once transcribed, the interviews will be deleted. The data will be encrypted and kept on my laptop which requires a username and password to access. I will be the only person with access to the raw data. Transcriptions from interviews, stripped of all personal identifiers, will be used in the final paper. If you would like a copy of the final document, please indicate that in the **consent** portion of this document.

**There are limits to confidentiality: as required by law, it is my responsibility to report child abuse or intent to self-harm.**

**VIII. Compensation**

A \$25 gift card to London Drugs will be provided for your time. You are entitled to this gift card regardless of the outcome of your interview.

**IX. Study findings**

The results of this study will be reported in a graduate thesis and may also be published in journal articles and books.

Your contribution to this research is that you are providing data-rich answers about your experiences as a daily opiate/opioid user who engages in sex work. To promote integrity, if you consent, your interview will be transcribed in its entirety– including noting things you emphasize vocally or bodily with gestures) and attached to the thesis in an appendix. Only specific sections of your interview will be used in the analysis portion of the research. **If you do not consent to publishing your de-identified interview, you can still participate in the research.**

**X. Questions or Concerns about the Project**

If you have any questions about what you are being asked, please seek clarification from me at any time. If you have any complaints regarding the project or the way the research is being conducted, you may contact the Research and Ethics Board at UNBC: [reb@unbc.ca](mailto:reb@unbc.ca) or 250-960-6735.

**XI. Consent**

Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to pull out of the study at any time without giving a reason and without any negative impact.

I have read or been described the information presented in the information letter about the project:

**YES // NO**

I received my \$25 London Drugs gift card compensation: **YES // NO**

I have had the opportunity to ask questions about my involvement in this project and any additional details I requested: **YES // NO**

I understand that if I agree to participate in this project, I may withdraw from the project at any time up until the report completion, with no consequences of any kind. I have been given a copy of this form:

**YES // NO**

I agree to be recorded: **YES // NO**

I agree to publishing my de-identified interview transcript: **YES // NO**

I would like to review my de-identified interview transcript with the researcher (time limitation is 90 days after interview): **YES // NO**

I would like to see the final paper when it is published: **YES // NO**

Email, address, or phone number: \_\_\_\_\_

Participant signature (or note of verbal consent): \_\_\_\_\_

Name of Participant (Printed): \_\_\_\_\_

Date: \_\_\_\_\_



APPENDIX D: RECRUITMENT POSTER

**Women of the DTES:**  
**Are you using opiates daily?**  
**Have you engaged in sex work?**  
**Are you homeless or living in an**  
**SRO?**

*Share your experience! Stipend offered for an hour of your time! Looking to talk with individuals about their perspectives in a confidential interview.*

*Your expertise and opinions will be used to better understand these topics.*

NOT MANDATORY: De-identified interview transcripts can be reviewed with the researcher before going to publication. Please note that this requires establishing another meeting that can take 2-3 hours without pay.

Contact: Sarah Blawatt  
blawatt@unbc.ca

Phone:

blawatt@unbc.ca
Sex work + opiate use interview
blawatt@unbc.ca
Sex work + opiate use interview
blawatt@unbc.ca
Sex work + opiate use interview
blawatt@unbc.ca
Sex work + opiate use interview
blawatt@unbc.ca
Sex work + opiate use interview

## **APPENDIX E: INTERVIEW QUESTIONS**

### **Questions for Examining Experiences of Opiate/Opioid Use Disorder and Body-Work/Physical Labour**

#### **Demographics:**

What is your age?

What is your gender?

What is your ethnicity?

Do you have current housing? (If yes, What kind of housing do you have?)

Are you receiving social assistance (welfare/disability/etc?)

What kind of work have you done in the past?

#### **Semi-Structured Interview Questions:**

1. Opiate/Opioid Use:
  - a. Do you currently use opiates/opioids?
    - i. Are you on an opiate substitution therapy program?
  - b. How long have you been using opiates/opioids for?
  - c. What motivated you to begin using opiates/opioids?
  - d. What is your relationship to your opiate/opioid use?
    - i. How does using opiates make you feel (physically/emotionally)?
    - ii. Is opiate use social or solitary for you? Why?
2. Labour:
  - a. What kind of work do you engage in to supplement your income?
  - b. What motivated you to begin engaging in this line of work?
  - c. How long have you been engaged in this form of work?
  - d. What is your relationship to the work you do?
    - i. How does it make you feel (physically/emotionally)?
    - ii. Is this form of work social or solitary for you? Why?
3. Additional Information:
  - a. Is there anything else you would like to tell me about your experience with opiate/opioid use or the type of work you do?

## APPENDIX F: “CHARLENE”

Interviewer: Are you currently using opioids?

Charlene: Just one. I’m using fentanyl. I wish it was down, but it’s fentanyl.

Interviewer: Fair. Are you also on some form of substitution treatment?

Charlene: Yeah, I take methadose, but unfortunately I’m allergic and I can’t take over 35mls without starting to hallucinate and I become extremely irritable. So uh, I can’t quite cover my sickness with it.

Interviewer: Okay. How long have you been using for?

Charlene: I’ve been (unintelligible) using since I was 24, but my drug of choice has changed.

Interviewer: Has changed since then?

Charlene: Yeah, I used to be more into uh cocaine, powder.

Interviewer: Okay.

Charlene: That’s what I became addicted to in the first place.

Interviewer: Okay.

Charlene: But I’m doing heroin right now because I became homeless two and a half years ago, and after my experience, for ...(unintelligible)...and up for days, and excuse *me*, you can eat and sleep on an opiate so – that’s why I chose to use heroin. It’s like a harm reduction for myself.

Interviewer: Right. Okay. That’s interesting. So that was exactly the next question – you just went there. How long, like, when did you start using cocaine out of curiosity?

Charlene: Uhm, I was 24. I fled here from \*\*\*\*\* – my hometown. I was married to a drunk sociopath who I had to give up my two children to – to my parents, to move out here. Uhm, so that he wouldn’t abuse us. Then he \*\*\*\*\*. So I fled down here, and unfortunately, social services would, were, was going to tell him where I was just for the simple fact that they wanted to know my previous two years’ income – and I was two months shy of my job, and they wanted to ask him if he *indeed* supported me for two months. So I told them to *fuck it* and went to sex work.

Interviewer: Wow. That’s brutal. I’m sorry. Uhm, how long ago was that?

Charlene: Oh god. I was \*\*\*\*\* ....I can’t do the math... \*\*\*\*\*?

Interviewer: Yeah. I also am bad at math.

Charlene: Okay! Let's see... (does some math out loud) I have no clue. \*\*\*\*\*. \*\*\*\*\*.

Interviewer: Wow. Uhm, okay, so what do you... initially you said that your relationship to your opiate use started as a harm reduction to yourself so you could eat and sleep – uhm, not uncommon – what is the motivation to continue now?

Charlene: Uhm, I have extremely bad, complex, post-traumatic stress.(2) The difference between regular post-traumatic stress disorder and complex is complex is later traumas – so since birth, I've been traumatized over and over. And I'm at the point now where I can hardly function due to the symptoms. And uh, I need a crutch. I've tried counselling several times.(2) The treatments that I can think would really work for me are either not legal here in this country yet, as far as the MDMA guided therapy, and uh, uhm, the light resetting, I would like to try? But it's not covered. And I need a crutch right now. I cannot function with the high level of anxiety I experience and all the other different symptoms that I display... on top of my... you know... my borderline personality disorder, on top of the stress of living here....(2)

Interviewer: Yeah. That's absolutely fair. I think that's interesting and I'm glad that you know about those alternatives. It is too bad that they aren't available here yet.

Charlene: Yeah. Or we could protest it.

Interviewer: Yeah. Absolutely. I know that this may seem like a pretty basic question, but considering how you've been using opiates now, and you're saying that it's a crutch to you...so what is the feeling that it brings on for you?

Charlene: Uhm, unfortunately I'm not a nodder. I don't nod out. Never have. So to me it's not a euphoric state of semi-consciousness.

Interviewer: Right.

Charlene: I only get about a five minute rush of warmth and nothingness. Where I don't feel anxious or afraid. And I wish it was longer. It used to be when it was actually heroin, but I'll take it.

Interviewer: Right. Okay. And so you noticed a change now? From when it's fentanyl to like when it was heroin...

Charlene: Oh, it doesn't last as long. The half-life, uhm, is shorter. And you either, for me personally? I can't use enough to get as high as I would like to feel without killing myself.

Interviewer: Right.

Charlene: So I'm a little bit pissed, actually. It's not really fair.

Interviewer: Have you, uhm, you know, I'll bring it up after but have you heard about... does dilaudid work for you?

Charlene: Yeah, I'm trying to get onto that.

Interviewer: Good.

Charlene: I also went on \*\*\*\*\*, but I didn't know how to get real heroin.

Interviewer: You went on \*\*\*\*\*?

Charlene: I want onto \*\*\*\*\*, but I don't know how to do that.

*...// conversation about how to access a program edited out //...*

Interviewer: So this is another question that's kind of generalized, but for your opiate use, when you're using now to get your 'five minute rush,' as you said, is it more in a solitary way or a social way do you think?

Charlene: Well.... I prefer to get high on my own because people freak me out! It's just... I cannot help myself. I have to sit with my back to the wall and I have to watch my shit. And I, you know... I don't want to have to do that. I want to *relax*. I want *five minutes* of peace in my life.

Interviewer: Right.

Charlene: In my head. In my heart, right?

Interviewer: Right. So you have socially before, but it's more stressful because of anxiety around it...

Charlene: Yeah. It is what it is. You have to watch your shit from getting stolen. And people down here are unfortunately a little bit ruthless. You know what I mean? Just that one, tiny little fact would stop me from being able to just go... (sighs)... and relax. Right?

Interviewer: Right.

Charlene: It's unfortunate.

Interviewer: Right. What's your use pattern like?

Charlene: For me uhm, I used to be, I used to be... I guess I'm too old now to stay up for days (laughs). Uhm, I try, on my methadose, right? But I don't think I'm going to be getting up to my pharmacy today, so – that's part of my use pattern, unfortunately. I can, I forget. Problem with methadone is for years and years, I have to constantly get restarts, and uhm, and yeah...uhm...you know, it depends on money patterns. Say...say Friday and Saturday are usually the best sex work nights. For me, so. Usually those three nights I'm using as much as I can. But I can also get by on the weekday with ten dollars and a wash, you know? If I'm really careful...but. I've been cutting down, I've noticed. The last three months. My working? I'm scared to death. Uhm, my age alone and just the statistical odds of me getting picked up by a...s...someone who's going to seriously harm or kill me are getting bigger as the years go on. And uhm.... I don't want to do it. I hate

doing it. It's both an addiction...and not for any reason people think...but not for money, not for sex, not for any of that *shit*, but for that false self-esteem I get for thirty seconds I feel *wanted*. Which is highly addicting to someone with low self-esteem, right? I'm well aware. I'm trying to build other ways, but uhm, it's also a form of numbing... it's my self-harm. It's my cutting. Some way to prove to the world I'm really as bad as I think I am. (1)

Interviewer: That's a very insightful answer. Thank you for that. Uhm, is there... so this time around how long have you been engaging in sex work for?

Charlene: Two and a half years.

Interviewer: Okay. Uhm.

Charlene: No three...not two and a half. Been three years. (laughs)

Interviewer: Okay. What was the, was that the motivation? Self-esteem or monetary or?

Charlene: No, the motivation was my ex-boyfriend who was using the absolute shit out of me – every way – sexually, emotionally, physically, everything... I was going to leave him and I had a straw, you know, the stress straw broke for me when he took all my clothing. So I had nothing to take with me. And I threw a few things around the house like he does when he gets mad – I snapped and did that and he filmed it on his iPhone and then he called the police and said that I came at him with a knife because he's from \*\*\*\*\* and there's no record of him using drugs, and I'm a little drug addict with mental health issues – nobody asked *me anything*. And they put me in jail. And I got a no-contact order and became homeless and I found myself in a sundress with nothing at Main and Hastings.

Interviewer: A few years ago?

Charlene: Yeah.

Interviewer: I'm so sorry.

Charlene: I feel it now. But I didn't feel it for a very long time.

Interviewer: Anger?

Charlene: Yeah.

Interviewer: What was it before then?

Charlene: Numb. Apathetic. I didn't know if I wanted to live or die and that was really scary – I honestly did *not know*.

Interviewer: Uhm, and so in that moment of going back to sex work, what's your relationship to your sex work?

Charlene: In what sense?

Interviewer: How does it make you feel overall? Is it...

Charlene: Disgusting and angry.

Interviewer: Right.

Charlene: And I hate that I have to. And that I think it's *rape*. This is close to my heart. I was human trafficked for two years back when I was \*\*\*\*\*. They broke me so hard they thought they killed me and put me \*\*\*\*\*. I spent probably a day and a half there. Before they came back to move my body and found out I was alive and then they kept me for the next two years. And of course I ran away. I was beaten and raped continuously. And though people feel very sympathetic of that, they don't feel the same way for girls on the block. And they're there for the exact same reason. It's just a bigger cage, man. And it's rape. It's the rape of my vulnerability. (5)

Interviewer: Is it...when you're engaging in sex work, is it socially or more solitary?

Charlene: It's very solitary. I hate being watched.

Interviewer: Okay.

Charlene: Why spot me? What... cops give... what, give them the plate number when I'm *dead*? There's no point.

Interviewer: Okay...

Charlene: I feel humiliated. I've just recently got to the point... like, you know how guys will grope you on the street? I will *not* let them do that. I will shove them. If they ask me, if they say... No kind of money, I will fucking go *ape shit* on them. (laughs) There's a really disgusting scenario...(unintelligible) basically... and this happened last time. It's ironic that I have to come down to the streets to find self-respect. And I'm... (unintelligible)...needing it. Those bonds. And I'm really grateful for that. I wish I didn't have to do this shit to go that far. But. That's what I need to do to learn? If I'm not going to get myself into a situation to not be abused anymore? So be it.

Interviewer: Is your...is having the housing where you can...

Charlene: No. My housing is disgusting.

Interviewer: Okay.

Charlene: I hate it. I don't understand why they put me here. I know they're using the place for their materials... I know they're using other survey materials and statistics to place people? Because I work as a very notorious working girl. 98% of the girls – people work the sex trade in that building? And now you're a drug dealer. And that's the *only* two kinds of women that live there. I'm not joking. There's \*\*\*\*\* dealers and \*\*\*\*\* rooms. How many of those are working. Can you tell me? How do I know that? I put in an application – *multiple times* – with the leading fucking voice on \*\*\*\*\* as one of my

references, saying I have ten years clean. Please give me an apartment where I can transition. Because you can't transition in there...you just can't.(3) And uhm, my friend who still using and doesn't care to stop got a very beautiful one bedroom apartment down here, right across from \*\*\*\*\*. And I got put in the whore building. Funny how we all got put together in one building. Wouldn't that be a big coincidence. Isn't that kind of odd? Then there's another building that's not specifically for LGBTQ, but, a whole lot of trannies are in there. There's something stinky about that. Plus it's not fair. It's not fair management. Right \*\*\*\*\* where I inhabit there's another \*\*\*\*\* building. And, uh, and brand new. The inside is renovated. Key carded. Right now they're renovating *while we are living there*. And they're pulling out mould and shit, and we're breathing that *in*. There's no shower head. They can't even buy a two dollar shower head. Half the time, the toilets are disgustingly clogged. *Because people can't even shit in public and then flush the toilet*. You know what I mean? I live in a *slum*. And we pay the same rent. And they get laundry! Free laundry! And we can't even \*\*\*\*\* use that! And this is supportive women's housing. Helping me get out of the street – it's not working. Get off drugs? (laughs).(3)

Interviewer: Do you think that the relationship exists between you...do you think it would be impossible to stop working while you're in that building?

Charlene: It's not the building that's harder. It's the whole area. I'm sure you know that, if you've experienced even just working at a shelter and watching it, if you're in a twenty block radius of Hastings, you're a working girl. Assumed by any man, in any way. And you're going to get propositioned. And there's always one moment where I need money for something, and a regular will pull up. (3) And the guys are \*\*\*\*\* and \*\*\*\*\* there's a few. You know. I came down here \*\*\*\*\* , and I had a regular recognize my *walk* and pull over.

Interviewer: Wow.

Charlene: Crazy. So. No, I think when I lived down here, the only way I'm going to *do it* is by going through this process and by getting my self-respect and I *am* trying to transition. I'm reaching out for different work ideas like \*\*\*\*\* and \*\*\*\*\* and \*\*\*\*\* for... I'm trying to get some workshops together to go around and break the stigma on working girls because I'm sick and tired of being bullied by shelter staff, by people who don't understand, by every single people, *including* drug users who *I use my body* to put money in *their* pocket – and you don't seem to get that respect.

Interviewer: Right.

Charlene: I'm sick and fucking tired of it.

Interviewer: That's real. I think that stigma is the thing that perpetuates everyone having to live in the situations they live in and how are you supposed to go anywhere if everyone is saying this is where you're supposed to be?

Charlene: Mhm.



Interviewer: Would moving out of the hood do anything?

Charlene: Oh yeah. Last time, I went to \*\*\*\*\* and I was clean for ten mother fucking years. Well, two months shy of ten years.

Interviewer: In \*\*\*\*\*?

Charlene: Yeah. Like I said, I went from client, to peer, to \*\*\*\*\*, the whole department. I wrote my own programming for \*\*\*\*\*. It was awesome. (6) You know. I burnt out, unfortunately, I lost a lot of students to... murder... and uh, suicide and overdose. And after a while, you just can't handle that. Because you do get attached. You know? Like one of my, shit there's one girl in my building, I taught her for two whole weeks! She doesn't recognize me though, because I was \*\*\*\*\* pounds, but... she, I showed her a photograph after six months, she's like, 'WHAT?' – (laughs) – I've had quite a few of them... (unintelligible) ...my addictions teacher! Sitting in an alley! Yeah, I did that. I'd like to get back into that.

Interviewer: Yeah.

Charlene: Education about human trafficking and exploitation. I want the law to change. I'm very scared they're going to legalize it. Which is going to bring forth a lot more paedophilia. It's going to further (opening sucker wrapper)... hide children, human being, slave... and people don't understand that if they, if they legalize it, so, say you legalize it and we have a red light district? No one is going to pay attention to who's coming and going anymore. They'll say it's safe. Although, if you need a panic button in your room, you're not safe. But, you don't get to see as much the children, and women and the little boys and shit that go through there. It's going to become a major port. I don't want to see that. But people think they're empowering themselves... I'm sorry, honey. You are... you have become a *slave*. Because one human is buying another – that's *slavery*. It's the last form. It is *not* the oldest profession. It was never a profession. It was always a *man* making a *woman* have *sex* with him. Or his buddy. Or everybody. Right? It wasn't fucking by *choice*. **Ever**. And, one day, one day it's going to hit these *women* who are *empowering* themselves escorting, you know, 'I haven't had any *really* bad dates' – no one has had someone shoot you in the head, or you know, you do have a bad date, and you manage to pay your way through college and you don't...you're *going* to be affected by post-traumatic stress. And I feel very *bad* for these women, because it's gonna be six months, six years, *ten* years... and it's gonna hit them. You cannot *sell* yourself without it affecting you: mentally, emotionally, physically. And you can't see the world in the same way.

Interviewer: After that?

Charlene: Yeah.

Interviewer: You think there's a before and after? That happens?

Charlene: I know there's a before. I don't think there's an after. Not yet. Not until I can walk out and tell somebody, 'Yeah, I used to be a working girl' – and not see their eyes change and how it changes the question... (unintelligible) ...Shit, 'why doesn't she have more money? Better clothes? I would have saved up *my* money...' Immediately I'm an object again, and I'm not a human being. (7)

Interviewer: Right.

Charlene: That is always hard for women who work to clean up than it is for any other group, demographic. That's why. That's why I want to promote education and awareness of the oppression of the injustices down here. Mostly to educate people because I'm sick of watching tv shows where a prostitute is either pictured as a ballin' rich woman who is sexy as *fuck* and livin' it – and, or the uhm, unfortunate victim who is, you know, they don't even consider a human being. You know? (4) They just found \*\*\*\*\* bodies in a suitcase. \*\*\*\*\*. Have you heard about it? I haven't. Isn't that weird? And it's probably a serial killer because \*\*\*\*\* people is a lot of people to kill. Down here.\*\*\*\*\*.

Interviewer: By \*\*\*\*\*? Really. I haven't heard a thing.

Charlene: Did you hear about the bodies they pulled out of \*\*\*\*\* and the \*\*\*\*\*? Fucking idiots. Standing across the street. In a biohazard suit. 'Oh, they're probably painting in there.' If they were painting why would they be wearing a fucking *body suit*, you *moron*. Cause they found *bodies*. I couldn't believe it...how dense people are... painting.

Interviewer: And no one talking about that because...

Charlene: There's a time they found a body in the \*\*\*\*\* between the \*\*\*\*\* and the \*\*\*\*\*. And the fucking \*\*\*\*\*. There's open beds and shit. There's a chick. And they didn't know why she was so well preserved. Sitting *up*. She was probably taking *money*. And got shot in the head or something, you know? They weren't quite sure how she died. She was mummified. Sitting in her chair.

Interviewer: Wow.

Charlene: Yeah.

Interviewer: I knew about the \*\*\*\*\* down there, but I hadn't heard about those.

Charlene: It's *unreal* the amount of shit that people don't know. And they think that we're *crazy* or it's some *psychosis* we're like, 'No, man! This shit *happened!*' I was like, you can't possible seriously... (unintelligible) ...I stole five of them. I stole twenty times for a point of down. And I get those guys are rich. And it's gone. This bitch, the other day... one day, it was so hot, I moved my door, I put like a Rubbermaid bin, like that (gestures), and I put a blanket over the door so no one could see in and my *purse* got taken – out of my room – with my last point of down and my makeup. I'm more, and everyone told me it was this girl, two doors away....I went to go trade her some shoes and heels last night?

And sure as shit, she's pulling shoes down off the top of her loft bed and my purse fell right in between us. (laughs). She looks at me and goes, 'Oh...' – I just giggle – some people *cannot* help themselves and they just gotta steal.

Interviewer: Yeah.

Charlene: She's one of them.

Interviewer: Uhm,

Charlene: But...

Interviewer: That's another piece to housing. How are you supposed to feel safe if...

Charlene: (Laughs) I have not felt safe in there since the first month. I was being bullied, and someone tried to rob me on welfare day because I was the only one with money on welfare day because they got their cheques a day early in the mail. She said they didn't rob me because... (unintelligible) ...and she's going to do it *in* the building – she's gonna *bear spray* me. And she got five other people in the building to mob mentality... They're going to participate. Because they are opportunists. I'm just smarter than them. I just got a staff to escort me to the door, called a cab, fucking... booked it. But how... how is it fair that I have to go spend all my money so I can go home.

Interviewer: Yeah. I'm sorry.

Charlene: It's not you!

Interviewer: Still.

Charlene: It's a harsh and heavy way to start a tenure in your building.

Interviewer: No doubt. Well, this is the end of the interview. I hate to cut you off, but...

Charlene: You got another girl coming?

Interviewer: Yeah. Is there anything else you'd like to say about these topics?

Charlene: No, no. That's it.

Interviewer: Thank you.

## APPENDIX G: “ANNE” AND “ROSE”

Interviewer: Are you currently using opiates?

Anne: Yes, I am.

Interviewer: Are you currently on any form of substitution program? Like methadone?

Anne: Yes, I am.

Interviewer: Can I ask which one?

Anne: On methadone.

Interviewer: Can I ask how long you’ve been on that for?

Anne: Uhm, methadone? Uhm, probably about 6 months now. Before that I was on suboxone.

Interviewer: Okay. What was the switch, can I ask?

Anne: Uhm, every once in a while, I’d still be using and I couldn’t use with Suboxone because you get really *really* sick so – so my doctor thought maybe it would be easier if I still wanted to use a bit to put me on methadone. And do it that way. So.

Interviewer: So you’re still using on top of your...

Anne: I’m, my methadone, I missed three days, and when you miss three days they take you right down – which I heard *after* the fact that they are only supposed to take you half way down. So I went from 180ml to 30mls. Which I was only supposed to go to 60. So they really screwed me up. But I’m trying to get back, so I’m on 60mls now. But it doesn’t do anything til you hit about 80-100. So I’m still waitin’ on that. But ever three days I can go up a dose, so.

Interviewer: Okay.

Anne: Trying to do that.

Interviewer: How long have you been using opiates for over the course of your life would you say?

Anne: This time? I has... Just over a year. I quit before that. I stopped for about a year and a half. Time before that I was off for about *two* years. And those times before? I only used, at the *most*, for six months. I didn’t use very long. Uhm. Then I just stopped because I didn’t like being a slave to the drug. This time, fentanyl has come into play. And that is very, *very* hard to come off of. I tried it, and I was in so much pain, I couldn’t do it. So. I have to find another way. I’m getting ready to quit again, but I can’t just stop like I used to.

Interviewer: When did you start using opiates do you think?

Anne: Uhm, I guess I was about 26?

Interviewer: Ok. Out of curiosity, what do you think started it? What was the motivating factor?

Anne: Uhm, motivating factor into any hard drugs in my life was I lost my first husband when I was \*\*\*\*\* pregnant with our child. And I gave birth and a little while, probably about a month or two after that, I just I was a wreck. I couldn't deal with life, and I was having a really hard time with the baby and stuff. And I just started with cocaine and that got me into other things, like heroin and stuff, so...everyone said it feels like a great, big, warm hug, and they were right, it did. (laughs) it made me feel good. But I didn't like having to have it. Like, getting addicted and you have to *have it* in order to do anything during the day – I couldn't get out of bed without it, I couldn't do *anything* without it. So it's... I stopped and this time when I tried to stop I couldn't. I think a lot of my using has to stem back to a lot of things that I just haven't dealt with in my life.

Interviewer: Right. Fair observation. I think, if you had to talk about your relationship to your opiate use, you're saying it's about sort of, more the traumas from what I'm understanding? The things you have had to deal with?

Anne: Yeah.

Interviewer: So if you were to talk about... like, you said 'warm hug' – I'm looking for people to share how they feel about using opiates physically and how they feel emotionally.

Anne: Mine...I've cut my emotions off in the best that I can. Otherwise I would be a blubbering mess. But uh, right now, I'm just not liking the opiate use anymore. I did before and it was helping, but now...the uhm...the, not the physical, the mental is starting to come out more? And I am having to stuff feelings down. And having to do that while I'm using isn't exactly easy, so I think I have to quit and deal with what I have to deal with. Which, I mean, what's that? Twenty years ago? Was when he died? And I think about now is when I'm ready to deal with it. So. But yeah. The whole time, I've used hard drugs ever since that happened. The death of my baby's dad. (2)

Interviewer: That's a big tragedy.

Anne: It's something I never dealt with. Still haven't. So.

Interviewer: Right.

Anne: But I can't really do much when I'm doing drugs. You can't deal with any life things, I don't think, when...when you're high. Because you're kind of off in another world.

Interviewer: Right.

Anne: So.

Interviewer: Do you think, in that sense of, I think it's more emotional for you? Than physical?

Anne: Yeah.

Interviewer: Uhm, in that sense then, do you feel that using opiates for you is more or a solitary, individual thing? Or more of a social thing?

Anne: Uhm, it's hmmm.... The reason why I started opiates again this time, this current time, just over a year ago? I'm not blaming anybody else, but, somebody...my partner, uhm, him and I split up for four months, and when him and I got back together, he neglected to tell me that he was on, he had started using heroin. And uh, three days after I got back together with him, I noticed him being quite sick? And he told me why, so I went to get him better, and I've done it before, so I figured I...maybe start doing it again, and I ended up doing it. But it's my own decision in doing it, but for now it's definitely more of a social thing. I don't like using alone. I don't think I ever will use alone. I like to share my dope. So I'd have to say it's more social now? Especially since I'm with somebody who... we use! And when we don't, I notice that when we're not using, we're in our own rooms and we're not communicating. (1) So.

Interviewer: Do you use any of the social spaces? To use in?

Anne: Oh yeah. He doesn't inject, I do. I've only been doing that for about 6 months but...I don't inject unless I have somebody with me, and there's not always somebody with me. So I go over to \*\*\*\*\* and go up to \*\*\*\*\* and \*\*\*\*\*. Any of the using rooms.

Interviewer: Great. Is there anything else that you wanna say on your own experience with your opiate use or your relationship with it in general?

Anne: Time for me to get away from it.

Interviewer: Fair.

Anne: I have to be mentally ready, though. I'm already hatin' it. So. I'm getting pretty close. To stopping. It's no way to live your life. Not for me, anyway.

Interviewer: Thank you.

Interviewer: How about you? How are you feeling about these questions?

Rose: Good!

Interviewer: Okay. How about your opiate use then? Are you currently using opiates?

Rose: Mhm! (laughter) I was uhm, it was \*\*\*\*\* last year when I first used.

Interviewer: When you first used?

Rose: Yes! I was uhm, in a relationship, and I was in a really great relationship, only to find out that uhm, the guy that I was seeing was on opiate replacement, and I didn't know what it was. I knew that uhm, you know, heroin was a bad drug, you know? You hear about heroin and you're like, 'Oh my god.' And then you *see people on heroin*, and you're like, 'Oh my *god* – what the fuck's wrong with them?' You know? What the fuck is wrong with *me*? Oh my god, why are you crying? Why are you *whining*? Just... you don't...you don't understand a person's pain unless you actually walk in their shoes. And it's true. And I never understood his pain. I never really understood what he was going through because he ended up becoming very abusive, and then he saw how it was affecting him or his life because we had something great and, uhm, you know, I'm quite a free spirited person who, I don't uhm, tend to get angry with anything or towards anything because I like to try to be a very positive person and see the best in everything. And you know, he, it helped him a lot, to grow in so many aspects as well too, and uhm...he uhm, wanted to get better after he saw, I mean, he beat the shit out of me – literally beat the shit out of me. I was in the hospital, I was there for about a month, and uhm.... He went cold turkey off of everything, I guess he was using for a while, and he went up to 120mls on methadone, and he was drunk, didn't know what he was doing one time, and he didn't want me to leave him because I was trying to split up with him because I could see the downfall in that whirlwind vortex...that spiralling downward...that just.... Nothing good was going to come of it, and I had to leave and...he put methadone in my cocktail that I had. And I just turned around and slammed my drink, and I was like, what the hell? 'What was *in* there?' and he told me that he put methadone in my drink. And he was like, 'it'll just make you feel a little bit sleepy or whatever' and he was just, 'talk when you, when you wake up'.... But I *knew* that, like, a dosage, stuff like that could *harm* somebody or *kill* somebody. And I left, like literally. He went to the bathroom and he... that's the only way I got away because like, thank *god* he went to the bathroom *after* that because if I fell asleep, I wouldn't have woken up because he put 120mls of methadone in my drink and he was so out of it he doesn't even remember what happened. But what happened is... I ended up leaving. I went up the hill. I didn't even make it two blocks and my legs started feeling really wobbly. And I swear, you know like, somebody was on my side – something *out there* – in, you know, somebody was watching over me because we were, like he, his house was \*\*\*\*\* and there happened to be an ambulance that came right around the corner – and I just flagged them down and....before I collapsed, I said to them, 'somebody put something in my drink,' I said – and I guess I collapsed right after that. I don't remember anything after that. And then they told me, I woke up in the hospital, I came to and the nurse and the doctor was like pumping on my chest and that's when they revived me again, and they uhm, they told me they uhm, the doctor, (unintelligible) he told me that they revived me twice. They revived me in the ambulance and in the hospital that time. And that was like, so scary to find out that that *shit* had happened. And you know, and they told me that, uhm, there was methadone in your system, or whatever, and you don't have a history of using, you know, 'do you use (unintelligible)' – I'm like, 'no' – whatever. They said, well they were just going by what I said to the paramedics and....I didn't tell them exactly what happened because I didn't want him to get in trouble, and I spoke to a social worker

there. And then uhm, getting back to beating the shit out of me, I had nerve damage done to my body, to my hands? Because what he did was, he hit me and he threw me over the couch, but how I landed over the couch was, I ended up hitting the corner of a coffee table, so I... my back was damaged somehow too and I couldn't close my hands. So the doctors had me on, uhm, morphine? Hydromorphine? And whatnot? And then, it was like, it was like I was being used as a lab rat or something like that too – because they had me on suboxone – they were giving me suboxone every hour or something? Every couple hours? And then they would give me the hydromorph again – it was like, and I wouldn't feel the pain – I didn't know what they were doing.... Then I had someone came and they asked, 'Why do you have her on *this*? And why are you putting her on *this*?' and whatever else was going on... the nurse came to me and she was like, 'oh, well, you are being released this afternoon' and that was after being in the hospital for just about 4 weeks. Got out of the hospital – oh, when I was leaving the hospital, she was like, 'Oh, you might want to take this and you might want to go downstairs to the \*\*\*\*\* clinic.' And I was like, 'Why?' and she's like, 'Oh, your body might be addicted to opiates' – and I was like, 'What?' and she goes, 'Yeah, you might have to wean yourself off and blah blah blah'. And I was like, 'no – it'll be fine – whatever' – and god, I wasn't. It affected me emotionally, mentally. I was just a *wreck* because like, I just wanted to kick at something, or wanted to crawl out of my skin, and it was just horrible, just a horrible experience. And uhm, (clears throat) then I couldn't find hydromorphine anywhere, oh I did, and then I was taking it in pill form, but then the guy that I was taking it from passed away – I guess from fentanyl or whatever – and I was so... just so just like, I've never felt so lost in my life. I've never felt so alone – just standing there. You know. On the corner of \*\*\*\*\*.

// edited for second participant asking to leave to use the washroom //

Rose: So uhm... I ran into this person who said, 'I have something that will make you feel better' and they gave me heroin, and they actually... it did make me feel better, you know? That warm feeling you get? Holy *shit*. You know. My pain had, my pain felt like it just went away, and I have never felt anything better in my life, like... and uhm, yeah, its been a year and almost four months, I guess? So. I mean, I do... it is uhm, like I was saying, it is about balancing my life: mentally, emotionally, physically, spiritually, and even financially. You know? I haven't let it ruin me financially and whatnot. But. Uhm... it's... it's been an experience. It truly has been an experience. And, you know, it's a life experience. And I really, you know you uhm, isolate yourself, but you become part of a community that is stigmatized, ostracized, you know, that is frowned upon, that is taboo, you know in so many ways and in so many different forms and shapes and.... You will be judged whether you like it or not. And it's not a great feeling, but *fuck* it. You know, you just learn to uhm.... I mean, you know I've never cared about anybody.... (unintelligible)... You know what, I've never uhm, felt uhm.... I don't know, you know – I've never felt worse, but I've never felt better as well too? It's kind of weird how it makes you feel. Like she was saying as well too, you feel sick, and your body is sore or whatever but – you know – I have to remember that there's people out there that are



struggling with worse. I think about it. I come from a great family. You know? I've had a great life, and you know there are children out there who are born blind, born without arms, children who are in Africa who are like 3 or 5 years old raising their 2 year old brother or sister...and people in you know war stricken countries who are going through much worse than what I am, you know? And I am very thankful for that. And I keep reminding myself, you know, that I'm Canadian as well too. And we are much more fortunate and better off than other people are in this world.

Interviewer: I hear you. And your experience is real too, and that's such a very scary thing that you went through.

//edited for second participant leaving//

Interviewer: Thank you for coming and sharing that story.

Rose: Yeah, you know, a lot of people tend to get angry over a situation like that, you know? A lot of my family were kind of upset with him as well too, but, you know, who are they to judge him? And who am I to judge him too? People struggle with addictions in many different ways. And co-dependency uhm, comes in many different ways and different forms and a person smoking a joint or a person doing drugs doesn't make them a bad person. And, it's just like a person going to church every Sunday, doesn't make them a good person.

Interviewer: Yeah.

Rose: Right? Some of those Christians are some of the most judgemental motherfuckers I've ever met in my whole life (laughter). I'd preach that shit to the Lord! I'd say, Amen, motherfucker, amen! (laughter)

Interviewer: In all that perspective, I'm thankful you're here.

Rose: Yeah, it's so crazy and it's so funny how things that happen because that was a lethal overdose that the doctors told me that had happened, right? And it was so crazy it was...I was alone and I finally told my parents, 'I'm struggling with this whole – I said addiction, for the first time in my life – and I said my body is addicted and it affects me and mentally as well. I've always been perceived as very analytical, my mother says, 'You're too over-analytical.' She says maybe that's why my relationships have never lasted (laughs) – and maybe yeah that's true. My mother she told me the last relationship that I was in, she said, 'Don't *fuck this one up!* I like him!' (laughs). Yeah, no. Like this guy I was with, I told him, you know, 'I'm on opiate replacement whatever' – which is the methadone. And uhm, I missed when I wasn't because you can't just up and go as you like, you can't uproot and say 'oh my god' – like, I'm from a small community. I can't just go back home and see my family and take heroin or something like that with me. And how I got to using the heroin was uhm, I couldn't find the morphine anymore. And that person who injected me with the heroin was the only person that I knew that was doing heroin aside from the guy that I was with. And I didn't know how to do it. I didn't know how to inject myself. I kept going and I was like, 'I can't go to anybody else' how do I

say, ‘Can you please help me?’ – I uh, didn’t know where to buy it. He was...I became self-reliant or...co-dependent I guess you could say. He played on my...my...my illness as well, and I could see that and needed to get away from that as well too. So I’m like, “*shit* – you know – this is not gonna end up good” – and uhm, yeah. It was because I had my (unintelligible)... then I’m like, ‘Screw this’ – there are some shitty people out there you know, when it comes to drugs and whatnot. It was sad you know, what he had done as well too. Disappointed a lot of people. People become so dope simple, you know?

Interviewer: That’s a term I hear a lot.

Rose: Yeah. They don’t know how to uhm, they don’t love themselves enough to be loved or to be in a relationship or develop a relationship to become friends with a lot of people. I will say there is a community of people out there that’s going – it is a community – but it’s a community of uhm, (snaps fingers) what do you call it...not even uhm, associates in some aspect but uhm.... Just somebody that is like us, and it’s just... you know...you’re going into a room where people are using and then you sit there and you talk – and some don’t want to talk (8) – but what I find is a lot of people don’t use it to get better ...(unintelligible)... wondering why a lot of people do it if they’re just going to be bitching as well too about their problems...(unintelligible)...if you’re not high, don’t be talking about your problems. Like honestly? Deal with them sober. And you know I can say that because I’ve *had* a sober life. I’ve never had you know like, a co-dependency issue like this one before. And being fortunate enough to balance that life and you like what’s going on and whatnot... You know, the struggle is real – it really is. And uhm, you can really isolate yourself and you can feel alone. But you can also feel like you’re part of something but you know it’s only for a moment? And a lot of people don’t realize that – how they become so quick to be able to dismiss themselves from other people. And rip people off and not give a shit and it’s sad because, you know, there is so much greatness out there in the world and you know what? Maybe there is less good than there is bad out there, but there’s still greatness in the world. It has to start with you as well too – if you let it – it does have to start with you as an individual. And uhm, you know it’s, the uhm.... I don’t know it’s just – it’s hard to give up, I guess, if you, for a lot of people, because that euphoric experience that she was talking about when you have that warm hug? You know, some people don’t have.... It’s a feeling that no other person can really experience unless you do it. But I would never recommend that someone do it because, you know, there is like I’ve been saying, I’m fortunate enough that I’ve come from a great family. You know, I have such a loving family, and to see my mother cry the way that she did when I had told her that there was a lethal overdose, that really broke my heart – oh my god (wiping tears away) –

Interviewer: I’m sorry.

Rose: It was just so hard to see my mom cry – or my parents cry I should say because they were telling me no parent should ever have to bury their own child (wiping more tears). There have been so many times where I felt like ending my life because of this shit because, the struggle is real, sometimes you just feel so alone. But, like I said, I come

from a great family so, I just reminded myself, you know what? There is something great out there. And you know I'm a great person as well too. So it's not that bad? It's only bad if I let it, you know, stay bad. I've been really focusing on getting my life back on track. You know because I lost myself for a little while and you know, it's great, because life is a whole new experience. We're only here for a little while, we don't know how long we're going to be here. *Fuck*. Have *fun* while you can! But this can really be death of people, and it has.

Interviewer: Are you on a replacement at all right now?

Rose: Yeah! For uh, I'm up to 90mls of methadone now. So that really helps. It does, uhm, I have...

Interviewer: And do you use on top of it?

Rose: I have, yes, but you know what, it's always just been like an impulse.

Interviewer: Right.

Rose: You know, because being able to, thank god that I'm very analytical person – doing some uhm, self-inventory and stuff and whatnot and, you know, doing that approach – there are some things that suck – you know I really need to keep myself, keep myself busy and whatnot too, and uhm, just really refocus my life on getting – on being busy – and doing something as well too, getting back to a community, and volunteering or doing something else or whatever.

Interviewer: Do you think that like, with your opiate use, if I understand why it started and things, do you think continuing beyond that, for you, is physical *and* emotional?

Rose: Yes. A person going into it and doing it alone...It's because they have either felt...lost mentally and emotionally and really felt like they had nothing to lose. Or they lost something great in their life already that they don't think they can lose anything more. And it's a bit of a death sentence for some I guess you could say (5). Because uhm, some people just give up.

Interviewer: Right.

Rose: You know, and uhm, or some people start...by experiencing guilt – like she was talking about using cocaine and I never did that. You know, I did drink but it wasn't a fall- down-drunk kind of thing – but uhm – there is uhm, a window pane where you see what's going on. You see people who are using like cocaine all the other stuff and whatnot...and the experience becomes a part of you for some people and then that part of you becomes an addiction because you know, like she was talking about, cocaine, and then trying to come down from that some people come down from the cocaine they use heroin and then they're trying to balance that out. And people start mixing that and then they fuck up.

Interviewer: So for you and your own use, uhm, this idea of it being social or more isolated and independent kind of thing, what is the relationship for you?

Rose: Oh it's been more uhmmm...it's not a social thing. It surely is not a social thing at all. You know, I know a lot of people want to feel like, say that they are a part of something, but they're not. They may be just for a moment, but they're not. Everybody wants to be part of something, you know, something good. They want to be loved. They want to be hugged. They want to be a part of a family. They want to be part of a friendship. But they can't. Because the addiction has become so bad in their lives (1).

That they start stealing from people or they start stealing from stores and – thank god I don't do that, but – you know it's hard, the struggle has been real for a lot of people and it's so sad. But also, you know what? Like, there's a lot of money laundering that goes on down here that you would be so sick to the stomach – like a lot of organizations are uhm, non-profit? Are um, putting their hand in the pot in the cookie jar, where they shouldn't be, and they're taking more cookies than they should and they're not giving back to the community and they're not... using the money properly. And that money that is supposed to be given to people who are supposed to be getting better are *not* because of *that*. And I'm telling you, it goes *up the ladder*. Big time. And the government knows all about it. And they continue to say no they don't.

Interviewer: I've heard a lot about this. There's a lot of opinion on this, obviously...

Rose: No, it's not even just opinion, like, from my personal experience too, and also, even the police and stuff, like, I've known police, and I've known, you know people up there, you know – like, I know so many great people and stuff too and...you know the, the \*\*\*\*\*, you know. Like I know him and stuff too. And for him telling me as well too that he went to a meeting and he was sitting down with a \*\*\*\*\* and whatnot having a conversation about the highway of tears and the missing women – and the current \*\*\*\*\* said, 'Fuck them' – you know? 'I don't give a shit about them' like – his own personal opinion and stuff and whatnot. And when he has an outlook like that? Nothing is going to get done.

Interviewer: That is a topic that needs much more research for sure.

Rose: Yes, and you know what, that's for a lot of people, they have lost people and lives and it's so hard for people to move on.

Interviewer: Entirely, yeah.

Rose: Mhm.

Interviewer: And I think that relates nicely into the piece about sex work as well – especially in this context...

Rose: Yeah!

Interviewer: So like, uhm, for you, have you been engaging in sex work previous to engaging in opiates or was it after or?

Rose: Mmmmm...it was yeah, after.

Interviewer: Right, so just in the \*\*\*\*\*?

Rose: Yeah. Only because uhm...well, I met this guy who actually gave me quite a bit of money. I was like, well FUCK. This is *tax free* and this is fucking....I had fun with that guy. But then that problem, well, not fun but, some of the sick *shit* that some guys want, I'm like, 'you're *twisted*' (laughs). So you know what, there's some sick shit out there, but...

Interviewer: What was, was that the first experience? So you met somebody who kind of brought you into it? Gave you a bunch of money and you were like...

Rose: Oh yeah, no. I got like fifteen-hundred bucks! And my rent was paid and everything else so it was good! I'm just like, holy *shit* – I'm like – why I didn't I do this *long ago*? Why didn't I just look for a fuckin' *rich* man kind of.... (laughs)... No, I'm very fortunate though, I've dated millionaires and I've dated junkies so...

Interviewer: All along the spectrum...

Rose: Yeah, it's crazy, you know, I uhm, but I've always been independent. I've never felt the need to uhm, have to be in a relationship. Because I'm quite comfortable being alone. And a lot of people are not comfortable being alone (4).

Interviewer: Right. Do you think that plays into your experience of engaging in sex work? At all?

Rose: Which?

Interviewer: So that you're, that you're comfortable being alone?

Rose: Oh yeah! Of course. Yeah so uhm, I mean, it is what it is, right? I mean, I don't do anything I don't want to do. Some, like, especially, you know if I know a guy is married and stuff, I'm like, 'No thank you!' that's not for me. Fuck that. It's just...I don't want to be part of that. That their own shit. Because I would not want to be the woman, you know, having some guy I'm married to be running around on *me* – or whatever and stuff and whatnot. So.

Interviewer: Right. So are you...in the relationship when you engage in sex work, you find that you don't do things you don't want to do, you have the ability to choose...

Rose: Mhm...

Interviewer: Uhm, is there like anything else on that topic that you want to explore more about the way you experience or engage in sex work in general?

Rose: Oh yeah of course. You just pick and choose. But then uhm, I mean... I don't *have* to do it? I guess?

Interviewer: You don't *have* to do it, sorry?

Rose: Yeah, I mean I found one person now who practically just takes care of me so.

Interviewer: Right.

Rose: And then I have this whole \*\*\*\*\* now, so that's good and...you know uhm... but for a lot of people, it just becomes so repetitive, and some people are so, in dire *need* or just lazy as *fuck* and don't like to do *shit* (laughs) that's a thing to say – but they *are*!

Interviewer: Do you think that is something that leads people to engage in sex work too?

Rose: Oh god, yeah just, because they don't....I mean people just want money or that 'quick fix' or whatnot and they just do whatever....and, but...yeah, the sex work, (*ugh*) I want a fucking bath – I just soak myself in the tub for a couple hours.

Interviewer: In that context, and feel free to answer this however you choose to or feel free to tell me that you don't want to answer it, but I'm interested in talking to people about the relationships in how it makes you feel like engaging in sex work physically and how...the relationship you have with your body in that line?

Rose: I mean, I felt sick to the stomach in one (unintelligible), but I mean, the money is tax-free, it's quick, it is what it is, you know it's been a form of work for many fucking years and it is an old form of work – even though some people think it's taboo, you know, it's out there – whether you like it or not. And it will always be out there. And I think, you know, for anyone who has engaged in it? We will always know how to get by (3).

Interviewer: Right.

Rose: Because there's always money to be made out there. Because there is always some *sick fuck* who needs to get off somehow (laughing)...

Interviewer: Uhm...

Rose: I was saying to my friend one time, like, you know what, if there's money out there, I said, 'I'll find it' (laughs). Because uhm, I was actually hard up one time, because well...not hard up, but...I had my wallet stolen – my, my purse stolen – so I didn't have my bank card or nothing, so I was like, we'll find some *money* (laughs) – 'Give me your laptop!' (laughing) – and sure enough! You know...didn't take long.

Interviewer: Yeah. Do you feel that like.... How has it been emotionally for you? Engaging in that line of work?

Rose: Oh, you know what? I don't get involved emotionally? I tell guys, when I'm with you ...(unintelligible)... I'll tell you when I'm outside of the truck? You're nobody to me (slaps table). Don't *approach* me. Don't, you know... and....

Interviewer: That's interesting. The boundary.

Rose: Yeah, and uhm, you know, like some people out there, like, oh god, some of these young bitches need to know like, fuck, 'oh there's this guy – he looks so *cute*' like, bitch, like, that's work. You need to draw the line somewhere. Cause you get too emotionally attached shit goes, you're in for a big disappointment (laughs). You have to realize, you know, this is just a sexual fantasy for some guys, for *all* guys – (unintelligible) – he don't give a *fuck* about you. No, I've had a lot of guys too who have gotten emotionally attached to *me* – but, of course it's about tell them what they want to hear while I'm with them...but...

Interviewer: Work is work.

Rose: But outside of that, I don't think about them. Like I said, I'll tell them what they want to hear or whatever...

Interviewer: Is it...

Rose: And it's sad because you learn how to become manipulative in a way as well too. You know you develop manipulative behaviour because you're playing the field it's kind of like game in some sense you know. And it's what makes the money go around, and it's, you have to have that balance though (6).

Interviewer: Yeah. In that sense, and I guess this is the second to last question, and I think there might be someone else here for another interview not to rush you – uhm – your answers have been really thorough, and thank you for taking the time – it's really lovely to have access to your experience, thanks. I'm interested in this idea of sex work being social or solitary...

Rose: Mhm...

Interviewer: Is it something that you do alone? Obviously...

Rose: Something that I do alone – and like, uhm, like I had gone to see what it was like on the streets and whatnot? And I told those bitches out there when I was watching them and stuff – not to be rude – I said - but I'm here to make money, not to socialize. You know, unless you're gonna be paying me money, you know... (unintelligible)... Do what you have to do, but I'm not your friend, you know? I am not your accomplice. You know, and you know, that's the word – is an accomplice. That's what the people are, is an accomplice (2).

Interviewer: Right.

Rose: And uhm, other than that stuff and whatnot, yeah, no, I mean... You know, some people have thought that I was a *bitch* when I'm walking around and stuff, but it helps them realize as well too, you know what? The only person you can trust is yourself. (pauses and looks out the window)... down *here* anyways. But, other than that, you know, great things out there and stuff and whatnot. You just have to go out there and find it for

yourself. But a lot of people in the downtown east side do not even leave – like usually live within three block radius. And don't leave (7).

Interviewer: Mhm. That's real. Especially because all the services are here...

Rose: But you know what? Maybe I just come back for another \$25 gift card and we just talk about more on this later!

(laughter)

Interviewer: Well, the last question is like, Do you think that there is anything else you want to share about your experience in those things? I mean...

Rose: No! I mean... I assume you're going to meet a lot of people who are actually just going to be here for the \$25 gift card and are just going to cut it short, but then it is what it is – like I was saying, you know what, a lot of people learn how to manipulate, you know, they, I don't do the whole soup kitchen line kind of thing (unintelligible) ...like I do make an effort to look after myself and like, you know, like keep a roof over my head and groceries and everything and whatnot.

Interviewer: Is that just through you engaging in sex work or are there other things that you do as well?

Rose: Uhm... yeah!

Interviewer: Just through...?

Rose: Yeah, just through...yeah, exactly! And you know what? It's, like I said, it's worth it. But a lot of people who have... there are people down here who struggle with mental issues, who, and I feel really bad for them because they've been dealt a shitty hand in life, and they can't help themselves. But you know, I pray for them every day of my life, and if I can help them in some way – whether that be giving them something or sharing something or give them five bucks or ten bucks or whatever, you know, I know what it's like to be dope sick too (9). I don't kick a person when they're down, you know, and it's sad that a lot of people do that out there you know, and you know you just have to continue to keep feeding the good wolf and you know just keep on keeping on, and I'm just very thankful that I have the mother that I have too because if I didn't? I would have been dead a *long* time ago. So. It's love. (laughs)

Interviewer: Yeah, that hit me right in the heart for sure.

Rose: Thank you.



## APPENDIX H: “LESLIE” AND “STEPH”

Interviewer: Are you currently using opiates?

Leslie: Yes.

Interviewer: Okay. Are you currently on a substitution program as well?

Leslie: No.

Interviewer: You’re just using street drugs right now?

Leslie: Yeah.

Interviewer: Okay. Uhm, how long do you think you’ve been using opiates for over the course of your lifetime?

Leslie: Probably for about the last five years...

Interviewer: five years?

Leslie: Ten, uh, seven years probably...

Interviewer: Okay. And that was when you first started?

Leslie: Yep.

Interviewer: Alright. And out of curiosity, what was the motivating factor, like, how did you wind up starting to use opiates?

Leslie: Uhm, I wasn’t getting high off crystal meth.

Interviewer: Okay. So it started with crystal and then moved to opiate use. Uhm, how has your relationship been to your opiate use – so this is more like a freestyle question, answer it however you feel. Most of the things I’m looking to explore are your physical or your emotional relationship to your opiate use. So like, if it’s more about your body and how it makes your body feel? Or if it’s more about like, emotional self and how it makes that feel, or is it both together? That kind of thing...just how you feel about using opiates in general.

Leslie: I’d probably say more emotionally and mentally. Makes, uhm, at the time, I guess, makes me feel better. But I’m not, I don’t know...

Interviewer: Fair. Is there a thing that it particularly does that is helpful or is less helpful kind of thing?

Leslie: At the time, I guess it’s, I’m thinking it’s helpful – it’s numbing the pain... I don’t know. I don’t know if it’s pain or **the whole situation of it, right? (1)**

Interviewer: Right. Is there like... one of the other things I'm curious about it is using and your relationship to it. Like do you think it's more of a thing you do alone, for yourself, or is it a social thing?

Leslie: I'd say it's more personal. I meant it's, it is socially... it's done socially a lot too, but uhm... It's up to me to do whatever I want to do so. Just get high.

Interviewer: Is there anything else you want to say on that topic or anything else you want to say about any of those questions?

Leslie: Uhm... (pauses)... no.

Interviewer: Ok, fair.

Interviewer: So, we'll move to you, \*\*\*\*\*. Same questions. Are you currently using opiates right now?

Steph: Yeah.

Interviewer: And are you on a substitution program at all?

Steph: No. I just stopped like three weeks ago.

Interviewer: Oh, did you?

Steph: But I was on suboxone for a year and a half, but then I quit and now I've been off suboxone for probably four or five months?

Interviewer: Whoa. How was suboxone for you?

Steph: Uhm, it served its purpose.

Interviewer: So are you currently using just street drugs right now?

Steph: Yeah.

Interviewer: Ok. How long do you think that you've been using opiates? When did you start?

Steph: Around 2003.

Interviewer: What was the cause?

Steph: Uhm, escaping a hopeless life?

Interviewer: Ok. Was it introduced to you through anyone else? Yourself?

Steph: Introduced through family. Friends.

Interviewer: Right. What do you think, that motivation to escape, that was predominantly the driving factor behind it?

Steph: Yea. It's always about escape.

Interviewer: Right. So keeping that in mind, what do you feel your relationship to dope is then? Whether it's physically, emotionally, like how do you feel...

Steph: It's total involvement to help me cope with the reality I don't like to accept because it's not my type of reality and I'm put in a situation I don't like to be because I'm, uh, because of who I am. So I get ostracised and targeted so I have to be able to cope with that and not want to, uhm, so I do it to escape how I feel to, to escape where I am, to escape what I'm living, to escape the fact that I don't want to, I don't want to be in there. So I use it to just feel better (1).

Interviewer: Is it more of a social or solitary thing for you do you think?

Steph: It's solitary.

Interviewer: Uhm, is there more you want to say on that?

Steph: Uhm. No. It's just a coping mechanism, and I'm probably going to get wired again and go through the withdrawal ... the suboxone... and all the screaming and pain...(2).

Interviewer: I'm sorry. That's a hard mountain to face for sure.

Steph: Yeah.

Interviewer: Uhm, do you want to say more at all, and please don't feel pressured, but what the driving factor is behind the things you don't like a life, when you said this wasn't a life for you kind of thing?

Steph: Well, when you, when you uhm, when you're homeless you don't got nowhere to go but down here and then you cope cause you don't like the reality so you cope with every drug. And you don't like the state of your life because you've been victimized by people's weirdness and you know, sexual exploitation, so you just learn how to cope with it – with doing drugs.

Interviewer: Yeah.

Steph: So you just self-mutilate and hurt yourself to cope and not kill them.

Interviewer: Yeah.

Steph: So that sucks.

Interviewer: Yeah.

Steph: I don't even like having sex or anything. Like, fuck. I have a fucked up version of life. That's how I do drugs. That's why I'm down here, because there ain't no safe place to rent.

Interviewer: Right. Have you been homeless for quite a long period of time right now?

Steph: It been three years now.

Interviewer: Three years. How bout for you?

Leslie: Long time.

Interviewer: Have you been housed at some of the places down here and found it's inadequate or...

Leslie: I don't know. Hard to say. My boyfriend plays a big part in that. Uhm, he's very, I guess uh, stubborn, or, I don't know what the word is. But uh, he usually takes about half my money, so we spend a lot of time on the street, right? Trying to make it, but never did. Enough money to get our own place. So we spend a lot of time on the street. In homelessness.

Interviewer: Were you living in any place before this? Before three years of being homeless?

Steph: Yeah, I've lived in twenty-one places in two years –

Interviewer: In Vancouver?

Steph: No in two different provinces and then Vancouver, probably around, uhm, 16 places in the lower mainland that are all trap doors and people are sedating you and doing things to you, and so you have to stay awake, so that's why I stay awake to protect myself and I look like a maniac, I don't... it's just a backwards world.

Interviewer: I'm so sorry. That's one of the worst things. When you don't have a safe place to be.

Steph: Yeah, so. I don't know if I should just become a prostitute and just start getting paid for it anyways. That's enough from me. I don't know. I don't talk about this stuff. It's constantly in my face. My body constantly has to deal with it.

Interviewer: The next portion is the same questions in regards to sex work, do you want to take a break?

Steph: No, let's just keep going. You don't get breaks in this world! (laughter from both participants)

Leslie: We just want to get high, that's our break.

Interviewer: Maybe true, but I don't want to be the bringer of those...

Steph: It's always there, so it's no different.

Interviewer: Alright. Well, please let me know if you need a moment ok?

Leslie: Yeah.

Interviewer: Alright, so in relation to this, there are lots of kinds of sex work. And sometimes it's paid and sometimes it isn't. They are all very, uh, different for each person. The next group of questions are about that, so you have engaged in sex work in the past?

Leslie: Mhm.

Interviewer: Are you currently engaging in sex work now?

Leslie: Uhm Sometimes. I try to avoid it. Sometimes it just occurs without you ever knowing or trying it or expecting it to happen, right? (2)

Interviewer: Sometimes you don't go looking for it, it just finds you kind of thing?

Leslie: Yeah. And it just comes up with the dope, right? (2)

Interviewer: Uhm, if you, uhm, what's the motivator when you first did or opportunity is sometimes there... is it mostly about an income, or is it related to the dope specifically?

Leslie: For me it is – I guess – it's the income to get the dope, right? (3) Yeah.

Interviewer: Uhm, how long do you think you've been engaging in some form of sex work for?

Leslie: Oh, I think it comes along with the dope. So, as long as I've been getting high, it's there, it's the same world.

Interviewer: Right. Ok. Do you want to talk about your relationship to it? This is, I think, the most sensitive question, because its asking people how they feel about engaging in sex work physically and emotionally, and sort of, the way that it affects you as an individual person?

Leslie: uhm, I don't understand that question.

Interviewer: So how do you *feel* about engaging in sex work in general for your body or...

Leslie: Oh, I feel disgusting after I do it. Uhm, I don't know. But then, at the same time, I don't really have a problem with it. It doesn't make any sense but uhm, I think it's uh, not explaining this well... it's like a treat to ourselves, like we get rewarded with dope, so with dope, I'm happy about with dope. It makes me happy. It's everything.

Interviewer: I think that's a challenge because it's like, what you're saying I think is that if it takes away from how you're feeling then at least afterwards there's something that will make you feel better.

Leslie: Yeah, for sure.

Interviewer: Is it more of a social or solitary?

Leslie: Solitary for sure. Especially when it's sex work, right? I don't really like to let people know that I do it. Yeah, it's a big secret actually.

Interviewer: Fair. Is there, do you have any social supports with that, have you ever engaged with other people, or is it mostly just yourself?

Leslie: By myself. I try to keep it a secret from everybody and you know (unintelligible).

Interviewer: Those are the basic questions and I don't know if there's anything else that you would like to talk about or that you would want to have heard about you engaging in sex work... take the time if you want to.

Leslie: Hmmm. No, that's all I want to say.

Interviewer: Is it ok if I ask you, \*\*\*\*\*, the same questions?

Steph: Mhm.

Interviewer: Ok. So how long have you been engaging in sex work and is it a form of supplementing your income?

Steph: I've never gotten paid for sex except a few times from my, some girl...some women and stuff, but that was just out of fun. And uhm, really I've just been sexually exploited and not paid, and so I've been a sex trade worker in some videos and stuff in this world that I don't know. I don't know if I was willing to do it? I'd want to be paid. I've been around sex trade workers my whole life. I've dated a lot of them. I used to be a pimp and now I'm a sexually exploited soul. I'm in some world that I never wanted to be a part of. And it's been going on since \*\*\*\*\*. For the past \*\*\*\*\* years.

Interviewer: Is it related to a person or?

Steph: Yeah, it's related to a certain \*\*\*\*\*, and it's related to a certain normality in this culture, yeah, it's just a part of, a part that's just normalized, so you have to cope with it and escape it.

Interviewer: Do you have any supports through this, do you have anyone you can talk to?

Steph: Yeah, I do. I see a psychiatrist every week. Everyone knows about it. My doctors. I've seen surgeons, I've got medical...uhm, I've been to specialists, and I'm waiting for surgery. And uhm, nobody, uhm, everyone just turns a blind eye. I was just at the hospital the other day, I told them that I was in need of psychological help, they didn't help me. It's not really important.

Interviewer: This is going off the record – I'd like to talk to you about services and safe places you can talk to someone about this....

//Interview terminated by researcher for concerns around participant wellbeing.//

## APPENDIX I: “CASSIDY”

Interviewer: If you get uncomfortable at any time, just let me know and we can stop. So let's start with opiate use – if that's alright with you...

Cassidy: (nods)

Interviewer: Are you currently using opiates or opioids?

Cassidy: Yeah.

Interviewer: Are you on any form of substitution program?

Cassidy: Uh, yeah. Acadian [sic – participant is likely referring to Kadian extended release morphine].

Interviewer: Okay. And in your experience how's that going? Do you want to talk about that at all?

Cassidy: Ah, I'm still using – I've never been on acadian [sic] before, it's usually methadone so it's a little bit different and they have some restrictions right now – or just, it's kind of newer therapy, so they've got some, like there's, unfamiliarity with what's appropriate dosing and stuff like that – so there's a lot of hesitation to, you know, barriers, to getting a proper dose which I was not presented with at the beginning, so... basically 2000mg is as high as they'll put me and I'm at that right now, so... I guess like from here I gotta figure out the last little tail end. But it just kind of keeps you involved – you know – I might be just doing a point one day and then another day I'll go and sit and do a gram. (laughs) You know what I mean? Just because by nature of not having a *full dose* it's keeping that tie to, you know, whether I need it or not – whether I need it. If I'm doing it, I'm doing it. So. That's pretty much where it's at. (laughs)

Interviewer: Okay. How long do you think that you've been using opiates or opioids for?

Cassidy: My whole life. Uh, so... I was... almost \*\*\*\*\* years?

Interviewer: Okay. What...this is a pretty big question, I guess... what motivated you to start or how did you wind up starting?

Cassidy: Somebody hit me up when I was like, younger? I was already into using other drugs and stuff, so it was probably just a matter of time, ultimately, but somebody hit me up and it just went downhill from there.

Interviewer: Yeah. Uhm, how – another question that's a little bit free form – but how is your relationship to your opiate use. So like, whether you want to talk about how it makes you feel physically and/or emotionally, and then sort of just what that invokes for you.

Cassidy: At this point I'm actually kind of more sick of it – like it's just this thing that has taken over my life. It doesn't matter how good I'm doing, it doesn't matter what I have in

my life...at some point it just always rears its head. So clearly, there's something I gotta, there's clearly something I'm not looking at, or whatever – it's – part of it's too is that I've just been doing it for so long. It's like I grew up doing it, and like it's just...not to use it as an excuse but like it's familiar as far as it's like, you know I'll go so long and then stuff will eventually like, I just cave (8). But I've never just been off. The first time I've been off everything since I was thirteen was September. Then I got back into it in April. So that was the first time I had been off everything. So just...kind of disappointed actually that I'm back in this situation because it took a lot to get to that point where I was off methadone and off everything like so... It's just kind of stupi...kind of feel kind of resentment, you know, whether it's, they're looking at a lot of like, neurology and stuff like that, uhm, like pathology around addiction and stuff and uh, I do think there is something to it in like changing your biology and stuff and your physiology. To where there's some loose circuits there, you know? There's just something that doesn't make sense it's not, you know, I see a lot of people out here, and I've worked (laughs) managed programs and shit and then I'm in the bathroom hittin' up, yeah like, you know. Spent a lot of time hiding it. I've spent... I don't know, I've lost a lot for it – tons of things for it. You know it's hard to maintain relationships 'cause of it like...just...not and, you know, I'm not invested in the lifestyle, so it's like I tend to be around people that aren't using and it's like, still spend your whole life hiding. So. (laughs) you don't really fit on either side, kind of thing. I don't really fit with the users, just because it's something I can't deal with, it's sad to watch, it's sad to see people hurting like they are. So I know better, I have the resources. I know how to stay clean. I know what I need to do. Like, it's not like I don't have that financial... you know, it's nothing like that for me. So, you know, literally I know better – but I keep choosing to go back, so (9). It's kind of my relationship with it is just... not very good right now (laughs).

Interviewer: Fair.

Cassidy: But I've just always had one. Had one on the go.

Interviewer: Right.

Cassidy: So.

Interviewer: I think that's interesting, what you said about the community you wind up hanging out with. And so, I guess, one of the other things I'm interested in exploring is like, this idea of dope being social or solitary – are there two reflections of that in using for you? Or is it one or the other kind of thing?

Cassidy: Uhm – more solitary. I think you have to engage to a certain degree, and you understand that those relationships are what they are. I really *don't* like using *with* other people because people get really sketchy and stuff and you never know what you're gonna get. However, I do tend to end up like on the other hand helping people out all the time and then they're in my house and they're taking over my life and taking shit whatever, it's always something – it's always something ... (laughs)... on the other hand, it's like you see somebody and you want to help because I think you should help if you're



in a better situation than anybody (11) – there's always somebody and a shitty response...so that ends up affecting my day-to-day life in the 'normal world' because typically, you know, like, you people don't understand that – where it's just like – you know, I don't know it's just like...you know... it's just...I don't know. Some fear or whatever for people doing that, and most people, even that I hang out with are pretty mindful for the most part. I think people in my life...I try to not take up with assholes, but even then...they then get to a point with me, you know, typically that they're kind of caring people, but it's just too much for them. Like my life, it's just too much, so. But it's kind of hard when know what's out there – you stay out there – you do some of the shit you have to to get by. You know? So it's kind of hard for me to turn away and say no or not help when I know I can. And then, on the other hand, it's affected us, it's affected my ex, like I've only had two main relationships and it's affected both of those so otherwise I just stay away from people – like, I don't have a big social circle. I *know* lots of people. But like everybody thinks I have a huge social life, but I don't. I actually really don't. You know, I don't have anybody I...it's pretty isolating for the most part.

Interviewer: And you're saying that those relationships 'are what they are' – when you're talking about friends who are using around other people – what do you mean by that?

Cassidy: Well, it is what it is as in...yeah, they're probably gonna steal, they're probably gonna hustle, probably gonna do shit they regret or they don't really mean or they don't want to it's not like...even if they come with the intention of ripping you off, they come with the intention because that's easier than doing what they have to do otherwise and it's like, you know what? I'd rather you rip me off that you have to go out and have to do whatever else, you know? So. It's like...I always...you know you trust, you know over and over, that maybe they won't. But they do. And it's just, maybe I won't, you know, for me it's just like, whatever. I'll get that again or...I mean, sometimes it really does fuck me over, but like...ultimately it's like, they got that so they get one night of using or whatever. In all likelihood they're not gonna call me again, or some do and do it a few times, and then after that, you don't hear from them again, you know... I don't know. I just think it's shitty that there's that much shame attached to it. I always try to say, 'just ask me, and I will help you out if I got it I will' – but I think there's just so much... they're so entrenched in the you know... the knowledge that has been created for them is that they just have to take it because nobody gives down here. We tried to get our fucking car boosted and we... you ask somebody... you say, 'hey' to them, and they fucking turn the other way. They don't even wait to hear what you have to ask. So. You know. To be invisible 24/7? (5) You just assume this is...this is just their norm so why should they be any way that's not... or expect that they're different with me. They're not – it doesn't matter if you're nice or not, really. That's their life too. And it does, it does get upsetting. Because you wonder like, people are so damaged that that's...society... people that have are so self-centred that they can't see past...you know? It's like, even on Facebook, they were talking about that \*\*\*\*\*, they're putting, somebody was ranting on about...it had an emoji...it was like the rat and shit emoji? And I thought they were talking about like, little rats, and then I'm reading down, and they're talking about the homeless people. And

I just like, you're actually disgusting. I'm more concerned about *you* than I am the person who broke into that... you know? Like...you see *shit* like that and you're like, 'This is the world? This is the world I want to get clean for and be normal in?' like, for jackasses like that? Like, *fuck that*. So. I'm actually having a real difficult time right now like, an early, midlife crisis as far as, you know, feeling like, **the values are really fucked up**. So there's like, well, maybe that's how it's meant to be. **Maybe I live in isolation (3)**, I feel like, you know, I know for me... even when I was at my worst, there was little things, there was a couple things that stand out for me that people did, you know? Uh, while I was throwing my life, that has something for me and it's little things like that where someone would let me sleep somewhere and I just needed to, I was just spent. And it's just stuff like that. Like you never know when you're going to need somebody to do that. And you don't any... hopefully they make it through. It's just about making people get through their shit. That's it. And it's like, 'get through for *what*'? You know? Not to be so...not to be like a big downer or anything. But it's not easy once you get clean and once you decide you're going to make a commitment and, you know, leave everything you know. And they tell you, you know, in recovery, it's like, 'Leave your friends. Leave your...' you know! Blah blah blah. It's like, *right*. Because everybody else is so heard warming in this world that you're going to have a *ton* of supports and you're going to feel accepted after you jump over. And people are going to hold you up to the same you know, like your background and stuff... so it's such it's a **joke**. Tell people to go and encourage them to do this shit so they can *what*? Go work at fucking Tim Horton's and have a manager *there* even judge them? And you know.. like...it's just like, **for what?** (7)

Interviewer: Right. I think that's an interesting comparison as well. Because it's like, from what I'm hearing, and correct me if I'm wrong, but you're saying the realm that you inhabit with other people who – common users let's say – and you have a friend base who you know from living that life, and then another friend base or another group of individuals that's like this two way idea about not really being able to fit into either one or one being more hospitable than the other?

Cassidy: You can't...you can't...when I worked with \*\*\*\*\* and did... to the low barrier housing stuff, and you know, to be around professionals in this...uhm...like in this kind of setting? It's disheartening to hear how they talk about people. They talk about who gets what and how things are decided. It's just really disheartening. And if the people were there who are supposed to be the ones that are, you know? Like, these are the people who go home at night. They can sit and watch Netflix. And have their rent paid and you know? Can afford the luxury of cooking dinner. It's these people that also have some big sticks up their asses about who deserves what and how that should be given. A big problem for me with services is the fact that like all criteria you have to meet (6), or like, all the...hearing things like, 'they're never gonna - this is them' or you know 'we're not going to give'... red tape and bureaucracy around, you know, when I had a kid I wanted to move in and it's a matter of a few days and it turns into this big issue. Its' like, *the fucking room is empty!* Let the fucking kid move into the room. I don't give a *shit* about anything else. You know? And it turns into so much unnecessary bullshit? That it's not

about people anymore. So for me? I don't fit on either side. Because I'm not committed....it's hard to life up there. I'm not fully committed to you know, it's like, yeah, I do drugs, and everything that goes along with it. But I'm also not committed to this shit either. I've been doing both for a long time. You know? Like, I started working in social services when I was 20. Like...I went to school and I did all of the right things. But I don't like what they're putting out. University is shit. It's all bullshit. Like, it really is. They forget people at the end of the day (1). I really am not trying to be, you know, super negative or anything, but it's all about turning numbers, stats, profits...you know, criterias, and politics and bullshit and they forgot the people. Like, somebody died in \*\*\*\*\* one night and just hearing the fucking *things* people are saying, (changes voice) 'well, at least it wasn't this – oh you know – did the best we could' – and it's like, the fucking guy died *alone* in a fucking \*\*\*\*\*. Like, no, it's not the best! No, it's not anything! How this guy, you know, you see his door open, he's just staring at the walls....so it's just like, I have this really big struggle with how, you know, it's just like, even the sex stuff. She became a dental hygienist and stuff, and she couldn't support her three kids on that shit, so she went back to sex trade. Like, it... you know. The world's not fair (4). And who's to say what's right and wrong. Right now? You know the term, society goes by now? It's considered, it's marginalized and it's all this stuff and deviant and ... you know... but uh, other times and places it has not been in the past and in the future...who knows what the future holds. You know? It's really fucked up to say right now – to be going through this – (gestures at papers angrily) that people have to study this shit to do stuff – like that's fucked up (2). So. I don't really know where I fit in everything right now, and I think that's making it hard to kind of...stay cle... you know... if I physiologically changed through using or if it's just my mentality, uhm... you know, like it's just. It is, it's something I'll just continue to do by myself (laughs) you know, and I'll take in strays and that's what I've committed to at this point in my life. (laughter)

Interviewer: Fair. I mean, and that's, that was a beautiful answer. Thank you for taking the time to express yourself so thoughtfully as well.

Cassidy: But how did *you* decide... like how does...like, doesn't it just kind of piss you off?

*[Tape paused for questions asked of interviewer regarding identity and experience and interest in research. Participant shared personal stories of relationship to identity, work, and experience. Participant knew this portion would not be on record.]*

Interviewer: So how did you wind up getting into sex work in the first place?

Cassidy: I was young. Like I was thirteen. So. Uh. Uh, yeah I was just...it was lifestyle. I lived in a group home, it started just before then, again, it's just... the 'normal' side of life interacts. The first time it was a forced upon me kind of thing – it was weird – one of those things where you're like, 'is that my fault?' but like, no, you're eleven-teen, it's not your fault. I know that theoretically. But, you know, again there's all the little details that kind of make you question, you know, really, theoretically, thirteen-year-olds have a lot

of uh, you're more astute, when I look back at the situations I was navigating and negotiating with....you know the...I don't know. It wasn't ah, reminiscent of an average thirteen-year-old. It wasn't like that. So it was a variety store and the guy came onto me and I was trying to fish for cigarettes and he fucking just like propositioned – but was very aggressive about it –and he wasn't like...he jerked off and whatever and that was it. Anyways, he ended up being the fucking \*\*\*\*\* like he uh was the \*\*\*\*\* for the \*\*\*\*\* for my \*\*\*\*\*. So I'm sitting in the \*\*\*\*\* and this guy walks in and it's just like, it's like funny how like, it doesn't matter – that's the first pseudo-quasi sex tradey/who knows. I didn't intend on that to happen. I guess I sex traded because he gave me a twenty after. That's (laughs)....Whatever that was. So you know. It's kind of funny. So then you come down here, and it's a lot more...it's very open. And the things you put up for a lot less, you know. And it's just, keeping yourself safe here is a lot different than keeping yourself safe in \*\*\*\*\* or \*\*\*\*\*. You know?

Interviewer: Is that what the relationship with sex work was like here? Was about safety?

Cassidy: No, no. My whole life, I just realize that looking through it, going back, the things you don't even realize you're thinking about, you know. I guess it's like every time I fucking was with somebody here, I thought, 'this person could kill me'; like, every – fucking – time. You kinda go... and it's funny how comfortable you get with that idea... like, you just don't even realize you're thinking it, you know? Yah, you're thinking, just the idea of *death*, I feel like it just kind of follows – but it's not even serious on that affect because you just go in. So... the idea, it just doesn't really... the impact, like... *death is a BIG THING* in a sense, right? But it becomes such a, like, you know, like a nominal uh idea when you're doing this. It's something that's there.

[participant's partner]: When you're connecting it to a shitty amount of money...

Cassidy: Well, I don't care, but it's more like, it's more like, eh, it could happen, but I need it so this is what's going down, you know. Especially with all the shit you see in here too. There's that idea how this over safety and over confidentiality and whatever, kind of the same thing – like a lot of fucking talk about it, but you know all those nice words getting thrown around everywhere you fucking go, 'sorry, I can't give you information...' shut the fuck up, you know. But in reality? There's not *safety nets* out there? There is nothing. Checking in with a *drop in centre* ain't gonna do ya any good. You can call somebody right after you get in a door and it's nothing. Unless someone is standing next to you on the bed...or on the floor or on the fucking whatever... this idea that we're doing *anything* to keep someone safe is a fucking *joke*. Like, so *you* can sleep at night? Cool because nothing... it's a joke.

Interviewer: So, that's an interesting piece about safety that comes into play – with bodily safety too. So in a larger way, how was your relationship to your own body while you're engaging in sex work?

Cassidy: It's fucked in general. It's just. It's fucked up. I don't have one, really. You spend so much time dissociated from everything – it's not even – you don't even *feel* like you're dissociated. It's just your life. It's just what you do. So you know, people want to sit there and talk about *feelings* around it or like emotions tied to it? It's like, you know, yeah, I can be pretty... I can make some dark jokes because it is, it's not really... but when it gets down to it... so like, the day to day stuff doesn't bother me like... and if I think about day-to-day relationships with like body and sex and stuff like that, it's the bigger effect. It's the, it's the... it's looking back after decades and thinking how many

choices that I made that I might not have made if I didn't have those experiences. How closed off am I... (9) if I didn't... so it's not necessarily, it's not like... I for me, personally, I don't really feel like you know it's kind of the micro – it's the macro. When I look back and I think about... I don't know. I really was doing, it's not like I sat around and cried about doing it, you know. I was a victim. I didn't feel like it. I don't in general. It's not like that. It's just...it's almost *fucked* that I'm *not more fucked up about it*. I feel like? That's what it feels like? I feel like I should be more fucked up? But in a sense I am fucked up? Whatever (10).

Interviewer: That's interesting too and back to the social/solitary, I mean, obviously you're working with other people, but like is there, do you have a take on that.

Cassidy: Like working with other people?

Interviewer: Or just the sense of when you're engaging in sex work, do you feel like it's more of a solitary or social thing...

Cassidy: Oh yeah, it's pretty... My life is a bit different. You know? I was a *kid* when I started. I remember watching and feeling like very different. Watching people I knew who were adults and they were always like, especially like strip workers that I knew, and talking about things that I already knew at that age. I always found my shit like solo and in general isolating. I did it by myself. I fucking figured shit out by myself. I... you know, like kind of like everybody I knew, guys like I dated and stuff... it was just all by myself. Like I like... it uhm... yeah. I didn't keep a lot of friends. Just because I've also kept my mind in both worlds too. I *did* want to go to school. I *did* want to do some other things too. So it's like, I didn't want to, I saw it fucked up, saw people who come down and like, have their kids and shit like that and I just... you know. (laughs) I called child services on my date for smoking crack... like, this dichotomy, I don't know it feels like I can't or you can't really say like some stuff I don't want to see because I know it's there and it's just like... I'm really liberal with people doing what they do. Like, whatever you do, there's a reason for it and I'm not judging and I really... I say that and I mean that. I think people are people and... even with relationships, in that sense, those things aren't important to me because we *are* fucked up. As people. We are *all* fucked up. But like, so it's definitely impacted all of that – in the way I look at things and the way I do things. But ultimately at the end of it all, it's just like, you're by yourself and even with that, you can't count on anybody to like help you out and it's not that they don't want to even. People are going to say it's because they're cutthroat – it's not always about that. It's cause they're in their own fucking shit – you know? There are some nice people out there, alright? People who are kind and who are all sorts of things. But they are people who *have* drug problems. Like, people who have *done* shit (8), shit I didn't want to, but what you're willing to do, I guess. Everybody has a different line. But everyone is capable of doing just about everything too. So. You know, it's like, I don't know, it's like, I just find it really complicated. For me, it's really heavy. This, you know, you can't, I can't do things without having a big debate in my head about it anymore. So now, it's just gotten to that – where it's this free for all forever, and at this point, it's just like, why am I still here and doing this shit? It's not so hard. Like, it just doesn't... you'd think by now, like, I can have these strong feelings and values – very strong values about these assholes, and you know like, fucking, I'll have a mouthful for them too and it's just like, it comes back down to it, you bump into one of these people and you think you're going to stand up to them? No, you're not. No, you're not. I will for – hey – whatever. I'll fight for anybody's right for anything but my own. (laughs) I'll even (unintelligible) through other things, you

know? Through stuff and projects I've done, that's fighting for myself in a sense. But when it comes down to that one on one interaction? And, like, even dude issues I have – and again, I'm *gay* – but dude issues I have in general working at the bar and stuff – it definitely affected my day-to-day relationship with men, and it doesn't, it's not just in sex work, it's affected how I engage with any work. So...

Interviewer: It's very cool that you are able to be here and talk about it. Thank you. That's all the questions, really. The last question is, is there anything else you want to touch on?

Cassidy: No. Nope! (laughter)

Interviewer: Okay. I'm going to turn this off.

## APPENDIX J: “TARA”

Interviewer: And so it sounds like your experience of sex work extends to not only the work that you do. Do you have personal experience in sex work?

Tara: Uhm, yeah. I tried it once or twice in my lifetime.

Interviewer: Yeah.

Tara: I didn't really care for the feeling of it afterwards. And that's probably why I went involved in it, and I *do* work in this field, I couldn't imagine doing that every day to get your drug of choice, or your food source or whatever (1), having to do these kind of things that these men want you to do is demeaning – you feel like a piece of shit – you don't feel like a person after they're done with you – whatever they done with you. And a lot of times, (clears throat) down here, just as a person walking around minding their own business, guys come up and offer me drugs for sex trade work with them. 'Oh, I don't want anything. Lalala.' But then I just go, hmmm, no, crack's involved, I know you're going to want something. I know how this works. I've been down here long enough to know. So I just say 'no' right away. I don't need any crack right now. I'm lucky enough to have a friend hold money for me or loan some money to me if I need it. So. I'm, I'm very grateful I have friends that care for me enough to loan me a few bucks at the end of the month so I don't have to struggle – I've got my drug of choice, or whatever.

Interviewer: Yeah. That's an interesting observation. And there are questions that will relate to that in a bit. I think, uhm, I think that's a very wise observation for sure. Uhm, so, okay, to come into the topics of the interview, do you want to start with the drug portion or it or do you want to start with the sex work portion of it?

Tara: Sex work. It's fine.

Interviewer: Sure. Since we're already on the topic.

Tara: Yeah.

Interviewer: So, you were telling me a bit about the work that you did already with the volunteer work, especially feeling a kinship with women who are engaging in sex work, uhm, and that's what you've been doing for 19 years...

Tara: Since I was 19 years old...

Interviewer: Oh, right. Since you were 19. So that's like, \*\*\*\* years!

Tara: Yeah.

Interviewer: Amazing. You are an expert in your field!

Tara: Yeah.

Interviewer: So what motivated you to begin this line of work that you're currently doing?

Tara: When I was 16, I got asked to be a police officer, try to be a *cop*. Uhm, by my \*\*\*\*\* wanted me to go interview for her, so I did, and I was 16 years old and still down here, lived down here, with my \*\*\*\*\* , and I went there. And he said, 'Never mind your \*\*\*\*\* , what about *you*?' and I looked at him and I said, 'No, I don't want to witness anybody beating on anybody, and no, you know, I hear stories about being a police officer and I don't want to go in that field.' I just said it like that, kinda, just leaving it kinda open without saying anything bad. No, 'no, I think I wanna go into the social aspect of it. You know, I don't want to be an *authority* figure. I don't feel like I'm an authority figure, I don't want to *be* an authority figure? So I'm gonna wait for my career to pick me. That's what I said, thought, and I was 16. You know what I mean?

Interviewer: Yeah.

Tara: I was just wandering around through life going, Oh I wonder what I'm going to do with my life, well, I'm not even going to think about it, I'm just going to wander around and figure it out. Try this try that. You know, people...I got asked to try out for the \*\*\*\*\* when I was 16 years old.

Interviewer: Incredible.

Tara: \*\*\*\*\* . I grew up with \*\*\*\*\* brothers - so you know, so I'm used to guys around me.

Interviewer: That would do it.

Tara: It's probably why I'm such a 'tommy girl' – you know, I used to wake up with one \*\*\*\*\* and I'd go running on the beach with the other. And they both had an important part in my life. You know, and they're both still good friends of mine, and I really miss them both. And I hope they're well.

Interviewer: I hope so too.

Tara: Yeah.

Interviewer: Okay, that's a really cool way to be engaged in that kind of work. When you did say that once or twice, or almost wound up doing some sex work, what were the motivating factors behind those choices?

Tara: Uhm, unfortunately, I was really drug addicted at the time. So, I was sick, I didn't have dope for a couple days, so I thought, eh, I might as well just do it. I'm sick. I need some dope. I'm hungry and I, not even the hunger part was a factor of it (6), it was more downward for the drug, it was more an intuition thing, you know, somebody came along and said, I got this big chunk of rock, wanna party? I was sick at the time, I was going, 'I gotta get some of this.' And I thought, hmmm, how much of a *pig* is he going to be? You're thinking these things while you're standing there for a few minutes talking to somebody, you have to gauge these people and figure out whether you want to do it or



not, I'm wondering am I gonna get *hurt* if I go with this person? I don't, do I risk bringing this person into my *house*? You know? What if they flip out when they're on dope? Who knows how people act when they do someth...ingest anything into their body?

Interviewer: Right.

Tara: Whether it's alcohol, or pot, or anything. People act different with whatever they do.

Interviewer: Yeah.

Tara: We all act different. Some act different when they're high. Some act different when they're drunk. And on whatever, we're all little personality traits walking around – anything we put in our body affects how we are a people – totally (4). Yeah.

Interviewer: Yeah. So it was more out of a drive to need...

Tara: A drive to a need for a drug. And the continuing factor to do it.

Interviewer: Right. And so how many times do you think you engaged in sex work before?

Tara: Uhm, probably in the last year, hmmm, maybe, without even having to do anything with the guy, just have somebody say, 'Oh, I just wanna touch you or something' – probably about 4 or 5 times.

Interviewer: And what do you think about in your lifetime? Can you take a guess?

Tara: Mmmm...probably about 4 or 5 times each year – probably something like that.

Interviewer: That you have done something or...

Tara: When someone has approached me about...let's see...it's basically about once a week down here. Pretty much once a week someone will come up and go, 'Hey, you wanna party?'

Interviewer: Without you even selling it or nothing?

Tara: Nothing! Just walking around. Just wandering around. I'm pretty fucking amazed they do it.

Interviewer: Yeah.

Tara: They're brazen fucking people down here, man. They'll ask you anything.

Interviewer: That's an interesting word to use – brazen.

Tara: Yeah.

Interviewer: Uhm, do you think, how many times overall do you think that you *did* engage in some form of sex work?

Tara: Overall?

Interviewer: Yeah.

Tara: Uhm, probably, maybe 3 or 4 times in my lifetime.

Interviewer: Right. Uhm, and what was the relationship to that work when you did engage in it – so sort of, how did it make you feel physically and emotionally?

Tara: Uhm, to not know somebody that well, and to sleep with somebody, it's kind of, takes away from your self-worth, totally. It really does. Because you think that part of your life you're supposed to share with somebody you love. Not somebody you just met and just take home kind of thing.

Interviewer: Right.

Tara: So it's kind of demeaning, uhm, it makes your self-worth feel like shit – unless – you know what I mean? You feel like, you're nothing or nobody, and you don't exist, and you don't matter... so. Until you go out and you get that *dope* in your body and you go, 'okay, I *do* matter (2) – it doesn't matter' and just try to drowned [sic] out that feeling of what you just did to get that... I'm sure a lot of women do that (pause) out here. They use dope to kill the feeling of their self-worthlessness. Whether they don't have to think about somebody else other than themselves at the time. Think about ourselves and... and we all act different and going like...the resources that I use, like \*\*\*\*\* and stuff, I uh, I sit there and uh, I'm a quiet user, you know? I kinda people watch without really *looking* at anybody? I kinda people watch – (grinning) – I like people watching, anyways. So, I'll go there and I'll use there and I watch people. There are some really interesting characters in there, you know? I seen people get really happy when they're high. There are others that get really angry when they're high.....and argumentative and whatever, so. I just kinda watch, I don't feed into whatever anybody is doing – I just kind of smile and say, 'okay, just do what you gotta do' – (unintelligible) stay happy, as long as they're not bumping the table, I don't care. Ha!

Interviewer: And so where you volunteer there are a lot of women that access who engage in sex work as well?

Tara: Yeah.

Interviewer: Do you find that, in the relationship to the work you do now, so, how does that make you feel? Like, physically and how does that make you feel emotionally?

Tara: In the work I do?

Interviewer: Yeah, now.

Tara: I feel like I'm making a difference. You know. Sometimes I'll feel – I'll go out with a certain co-worker, and, I don't know, kind of feed off each other in a good mood, and

then we'll go wander off and we'll go we will go wander off up \*\*\*\*\* and all the way back down \*\*\*\*\* and you know, we will engage with women – we feed off of each other's personality traits and how we engage with one...and then we both come back and we are like, high. You know what I mean? You get this certain high from engaging with people and you have like a repertoire with everyone and the shift is going great, your bag is empty, you know, and it makes you feel like we're walking three inches off the air and just like higher than a kite and our boss thought we were really high, like high high – and we're, "no!" We weren't high, we were just high on life, you know what I mean? And sometimes you get like that (7).

Interviewer: Is overall, for you when you did engage in sex work, did you feel like it was a solitary thing or a social kind of engagement?

Tara: What do you mean?

Interviewer: So, did you feel like it was something you did more *alone* or something you did more together? Did you have a group of people or what it by yourself?

Tara: Oh, it was by myself.

Interviewer: Did you have support? Or was it just you alone?

Tara: Once I asked a street brother to give me a hand. He was huge. He was really tall and very muscular (laughs), so uhm, what I did was, the only one time in my life I've ever done this was uhm, rip off Johns. And uh... 'Oh yeah, ok, give me the money' and they give me the money and jump out of the fucking vehicle and run back to my street brother and go (gestures at imaginary money and laughs). I've only done that once in my life. And I've actually shared doobies with him and stuff. We knew what we were doing, you know? We thought, what the hell, we needed money and dope today, let's do something different.

Interviewer: Yeah.

Tara: I can't remember how we engaged in the whole thing or how it ended up happening. But it just happened that way that day.

Interviewer: Yeah.

Tara: It was really weird.

Interviewer: How was that? How did that feel for you?

Tara: It made me feel really fucking funny and *happy* – (laughs) – I felt like I was totally being a *bandit* in *brat* mode, man, it was so hilarious, actually. When I think about it, I just kind of laugh about it, you know? Those poor fucking guys, driving up in their vehicle, and they jump in and you know, "Yeah, okay, I'll do whatever you want, yeah yeah yeah. You gotta pay me first!" And then jump out of the vehicle and ..... and then go back and then do it again. I think we did it like four or five times that day...

Interviewer: Wow!

Tara: Yeah, we did it four or five different times, it was hilarious.

Interviewer: And was that the only time that you did that then?

Tara: Yeah, it was the only time that we did that. And I thought it was hilarious at the time, it was funny. But I don't think I could do it again. I don't think you get away with that too often.

Interviewer: Fair. And probably a wise observation.

Tara: (laughs) Yeah. I was like, "I don't think we should do that again" – I said to my buddy, and he smiled at me, and I gave him half the money and we split up and go our own way. I don't think I've ever seen that guy again. (laughing). I don't think I seen that street brother ever since.

Interviewer: Right place and the right time.

Tara: Yeah. He probably moved on to another city somewhere. "Maybe I'll do this everywhere I go!" (laughter)

Interviewer: So that was the one time it was together?

Tara: Yeah.

Interviewer: Was there an... In your experience, you're \*\*\*\*\* if you had to describe sex work overall, do you think that in this idea of solitary, just by yourself, alone, or um, more social, so with other people...

Tara: I think you be more by yourself. Cause you got to go and hunt for a place to be. To do your sex trade work at. You have to have a friend that you trust and a place that you can be safe at...at the same time.

Interviewer: Right.

Tara: So, and the person that you'd ask to use their place, you know, they'd have to leave and come out, and then you'd piece them off, and everybody's happy. I've seen it being done in my own building. I remember walking out of my building at 4:30 in the morning on my way to \*\*\*\*\*, and uh, there's a woman right behind my building, the door I come out of at the back, and asking me, "can I get up to the 5<sup>th</sup> floor or the 4<sup>th</sup> floor or something?" "I can't help you. I'm going to work. I can't let you up on those floors anyways. You know. At least I said something nice instead of just, 'oh, I can't let you in there.'

Interviewer: Yeah. Fair.

Tara: You can only do so much.

Interviewer: Yeah. That's an interesting thing. So the same kind of questions, just we are talking about drug use now.

Tara: Yeah.

Interviewer: So, are you currently using opiates or opioids?

Tara: Yes.

Interviewer: Are you on an opiate substitution program as well?

Tara: Yes.

Interviewer: Okay. Can I ask which one you're on?

Tara: I'm on Kadian morphine now.

Interviewer: Okay.

Tara: I like the Kadian morphine better than the methadose because the methadose... my teeth and my fillings are falling out a lot quicker, after being on it for over 3 or 4 years... seeing like the fillings are falling out, like, I can't imagine... I tried to talk to my doctor about it? And you know how they are, humming and hawing and "Oh, it's not the drug you use – it's not the methadose, no, no" – anything to keep you to get their dollars (unintelligible). So, oh well, whatever okay. So one day I just decided I don't want to do this stuff anymore, and I did it myself. I stayed home for two nights and four days by myself getting off of it on my own. They said I could have died after that. (laughs) I said, "Are you fucking *serious*? Why didn't you tell me?" (laughs)

Interviewer: Oh!

Tara: Yeah, I did it on my own. I stayed in my, my room I'm at right now, all curled up in a little ball. I don't think I ate or anything.

Interviewer: You are very strong.

Tara: Yeah.

Interviewer: That is incredible.

Tara: Yeah!

Interviewer: Did you get on Kadian after?

Tara: Yeah I got on it after – about a month afterwards. I went. I got scared because of the fentanyl that started coming out. My down was different colours and everything, I thought, "I don't know if I want to get pinned on this street dope down here all the time." Cause it's different colour, different strain, uhm, yeah. I've actually seen people come into places that we use that and go, instead of saying, "It's heroin" they say, "It's fentanyl. It's fentanyl." So ohhh it's fentanyl. It's fentanyl. It's *purple*. It's *pink*. It's green. It's blue. Uhm, all we can tell each other is to watch out for certain colours and that's all we can do.

Interviewer: Right.

Tara: But I'm grateful enough to engage in places that are injection places and people I know there, and I go there any time I use down.

Interviewer: Yeah.

Tara: Even pills. Even my own pills, like dilaudid or something like that. Just to be on the safe side. Because I don't know if somebody has a pill presser and could say, 'This is dilaudid' – just make it the certain colour and shape and they could say whatever they want.

Interviewer: Right.

Tara: You just don't know. I've actually had people give me, they say, 'this is actually a Kadian-morphine' and you put it in your cooker and then prepping it and, oh god damn no, this isn't a Kadian morphine at all – it was the fentanyl. Could have been Contac-C – could have been anything. So (unintelligible)... Once I bought coke and I put it in my arm – I should have tested it – and it was actually fucking laundry soap. I *tasted it*, after I put it in my body, I *tasted it* at the back of my throat. And thought, 'oh my *god!*' and started getting physically sick, right to my bones. It took me an *hour* to walk four or five blocks to the bank machine to find one that wasn't locked? And uh, I had to phone my best friend, 'yo – give me twenty more *fucking* dollars, man. I just about... I'm *dying here, man!*' (laughs). (unintelligible)... should have tested it before putting it in my fucking *arm*, man, I felt really stupid.

Interviewer: Awful.

Tara: It was horrible.

Interviewer: What a horrific thing to do.

Tara: Yeah. And then I went up to... I text the dealer and said, 'somebody did this to me, man. This is sick. It's not right.' I couldn't imagine other people it happening to. After it happening to me, I said there's no way I want that happening to other people to go through that.

Interviewer: You texted the dealer?

Tara: I texted the dealer. I said this is something fucking wrong. And then I told the runner and he said, 'You know I don't have to serve you again!' I said, 'Shut the fuck *up*, man! You get like, eight, nine, twelve hundred dollars of *my money* that of... 800 is my welfare cheque, 1200, you know, 400 is my birth money and you're telling me you're not going to serve me? Fuck *you!* You're going to serve me no matter *what!*' So I had to tell them, man.

Interviewer: And that was his answer?

Tara: Yeah, the response was, ‘Oh well, we’ll think about it.’ And then he wandered off. and I knew they were just going to do it anyways. I’m pretty sure the person that switched the dope got a slap. Probably got smacked around a little for doing that. These people have certain reputations about their dope. That’s actually street, the older people? Like, my age? They actually have their street cred still. We still live by it. We won’t give people something that we don’t know what it is. I won’t. I’ve actually found crystal meth and in a plastic bag, won’t share it, don’t know what it is so I’ll flush it down the toilet and say, ‘I don’t want nobody to have it.’

Interviewer: Fair. How long have you been using opioids for?

Tara: Uhm, actually, I used to be a real crack hound first. I used to be a real crack hound at first, say maybe, hmmm, probably since 7 or 8 years ago maybe? I was really a crack hound first. And then they said you can’t go on methadose unless you’re on an opioid. So then I went, ‘I gotta be on an opioid. Okay. (laughs).’

Interviewer: Did you want to be on methadose?

Tara: Yeah. That’s the problem. I wanted to get off the hard dope. So I went and got uhm, into dilauids and morphine. When I figured out what an opioid was, I thought, oh, I gotta be on that! Oh okay. So I just switched my drug of choice. And then went to the pill corner and got dilauids every other day.

Interviewer: Interesting. What was the motivation for getting on an opiate or an opioid? So getting on the dilauid?

Tara: Uhm, I wanted to get out of the, move out of the East Van area. And my friend said, ‘I will take you into my place only if you’re on something that will keep you off the hard dope. Period.’ (clears throat). So it was kind of like a stipulation of where I lived \*\*\*\*\*

Interviewer: Very interesting.

Tara: Yeah. So.

Interviewer: So you were on it to get off of...

Tara: Crack.

Interviewer: Crack. No kidding.

Tara: Yeah. Isn’t that weird?

Interviewer: How did that work for you?

Tara: I find that opioids are more needy and wanting. Psychologically and physical wise.

Interviewer: Okay.

Tara: You need it more. Uhm, crack you can maybe have once a week or every other week, once a month, you know... but opioids, you need it every day. Our body physically

needs it. If I miss my script today, I have to phone my friend and say, ‘you owe me twenty bucks’ – cause I need to get something into me or I’m going to curl up in a ball and die. (laughs). It feels like that. It actually feels like that. Physically it feels like that.

Interviewer: So you have been on some form of opiate or opioid for 7 years?

Tara: Yeah. Something like that.

Interviewer: Okay. Uhm, so, that’s, that is a profound way of getting onto it. So they are needier over all is what you’re saying.

Tara: Yeah. We need it more. Your body physically needs it more. You can go two days max. That’s about it. But that’s pushing it. Your body gets sick. People can go, ‘You’re *sick* aren’t you?’ (laughs) ‘You got a cold?’ ‘No, no, I don’t have a cold. I need some dope. I’m dope sick.’ Yeah. And they can tell when you get sick. They can see it. ‘Man, you look like *shit*, what’s the matter with you?’ (laughs) I need that opioid!

Interviewer: Is there a relationship that you have to your opiate or opioid use? Do you use on top of sometimes, you still use extra drugs sometimes?

Tara: Yeah, I still use cocaine sometimes. Cocaine I get is actually, I got it tested with those people that test it with the machine? They said, ‘holy shit, we’ve never seen a sample this good before!’ (laughs) they said, ‘We’ve never seen one *this good!*’ – (laughs) – they actually said that. (imitating someone else’s voice): ‘One percent might have a little caffeine in it – the rest of it is raw powder!’

Interviewer: Oh wow.

Tara: That was really nice. So ever since then, I’ve stayed with that dealer. Yeah.

Interviewer: Do you use any fentanyl or any additional pills or?

Tara: Oh yeah. Fuck. If I miss my pharmacy for my, for my kadian morphine? I need some fentanyl or something.

Interviewer: Right. So you aren’t getting sick.

Tara: So I’m not getting sick. So I can sleep at night.

Interviewer: Yes.

Tara: You need sleep.

Interviewer: It’s important. Yeah.

Tara: If you don’t get it in you in that 24 hour basis when you miss your pharmacy ‘cause it closes at 3:00pm, you’re sick if you don’t get it. Then before 10 o’clock at night, you’re kinda crawling the walls, you start pacing around the room going, ‘holy shit – do I have anything to sell? Holy *shit*. Fuck. It’s ten o’clock. I gotta call my fucking friend. Holy *fuck*.’ I have to say these things to myself like, ‘Shit, he’s going to hate me. I’m going to



be sick.’ So I’ll take out my cell phone, go, ‘\*\*\*\*\* man, I missed my fuckin’ pharmacy. I’m sorry, man. Can you loan me twenty bucks. I’ll give it back to you on issue day.’ And he knows me well. So he does. But one day he won’t be there.

Interviewer: Right.

Tara: You know, there’s something real coming now. Cause he’s older now. And he’s gettin’ tired. (laughs). He’s like, you know, (changes voice to elderly sounding person): ‘I’ve been going through this with you for how long now? I might change my number, kiddo. I might not be here when you phone, man.’ I’m like, ‘don’t even goooo there, man!’ Anyway, he’s getting a new phone on Monday. So the reality is I gotta get off this shit totally, you know what I mean? They say you can stay on Kadian Morphine for your lifetime – they say that. And it does make a difference – the Kadian morphine – for pain wise. Cause when you get older and you walk around, or you work all the time? You do need some kind of pain medication. You do. I couldn’t imagine without some kind of pain meds of any sort. I can see people that are totally straight-edge drink? That want their drinks instead? To numb that pain. I couldn’t imagine trying to be out here without some kind of pain maintenance. So I’m grateful to be on something.

Interviewer: I could see that. So when you’re using opiates it helps with pain.

Tara: Yeah.

Interviewer: So it physically helps you move through the world.

Tara: Yeah.

Interviewer: Emotionally, what’s your relationship to opiates? How do you feel about it?

Tara: I like opiates better than cocaine. I like it better than crack.

Interviewer: How come?

Tara: Not just the physical withdrawal of it. I don’t know... It makes me feel okay every day. I feel like, I couldn’t function without it kind of thing. It’s a piece of my life now. And people want to, some people ask us, ‘Do you want to get off it? Lalala...’ Could you fucking imagine trying to get off something we have been on for ten fucking years? Are you insane? You know? (3) I’ve gone to recovery houses in \*\*\*\*\* , man. And someone around you will always go, ‘No, no, no, you can’t fucking do that.’

Interviewer: So, does it help anything else emotionally for you?

Tara: I don’t know. I mean, it’s my daily partner? In the getting me through kind of thing? Uhm, if I don’t have my Kadian morphine every day, I don’t think I could make it. Honestly, I couldn’t. If I didn’t have that to go to every day, and, I can go through, maybe four or five days without doing a smash or coke or a smash of powder. So sometimes I’ll just go, ‘Fuck it. I don’t want to work this week.’ So I’ll spend the days at home to relax and eat and sleep and watch videos and do something for yourself kind of thing. So I’m grateful to be able to do that.

Interviewer: So with your opiate use, when you're using, even if it's just your Kadian or when you're using on top of the Kadian because you've missed a dose, same kind of question, do you think it's more alone and solitary? Or do you think it's more of a social thing for you. When you're doing drugs?

Tara: Uhm. I think it's more social. Sometimes I want to go be around people (5).

Interviewer: Okay.

Tara: So I'll go to a place I can shoot up to be around people. So I don't feel solitary all the time (5).

Interviewer: So you go to sites to feel safe, especially because you don't fully know what you're using, but also because it is something that's socially motivating.

Tara: Yeah. I get to see people and network and resource. I get to see people that I've used with and uhm, I get to go have a coffee and chat with somebody. You know, it's a way of having sociability (5). Yeah. It really is.

Interviewer: That's a neat way to look at safe injection sites and safe consumption sites.

Tara: Yeah. It made a difference when \*\*\*\*\* opened \*\*\*\*\*.

Interviewer: How long has that been going on now?

Tara: Two weeks? Three weeks now? Yeah.

Interviewer: That's cool.

Tara: Really neat. It makes a difference for women who want to be social and to have somewhere warm to have a coffee and juice all night long.

Interviewer: Especially in winter.

Tara: Oh *god, yeah*. It's pissing rain all night long. Oh man. These places get really full really fast. Like it's *standing room only*, man. I walk in and go, 'There isn't even a *chair* in here!' My god! You know, I go, 'Can you move over a little bit? So I can get this in me and I'll get out of your way after that.' You know what I mean? (laughter).

Interviewer: Cool. Is there anything else that you want to tell me about your opiate use or sex work? Anything that you think we didn't touch on that you would like to add?

Tara: I'm grateful that we have the injection places. It makes a big difference. In all our lives. I'm grateful we have social places to go to use. Uhm, if it was still a secret thing, like it was fifteen years ago, a lot of us would be... wouldn't be... we'd all be dead in our rooms. You know what I mean? If there wasn't some neighbour to knock on your door who cared about you and ask if you're okay.... You know, I've actually knocked on neighbours' doors and said, 'Can you just check on me in 10-15 minutes to make sure I'm ok? I'll leave the door open.' You know? I'll actually ask people to check on me in case I, in case I have to use alone. Whether it's coke or fentanyl, but if it's fentanyl I just go to

resources. I don't care what time it is. If it's 1 o'clock in the morning. 3 o'clock in the morning. I will. Get dressed. Go get my drug. Uhm. Go to \*\*\*\*\* because it's open all night, and go there. I make a point of going there. Because I want to, I tell people I'm really grateful you guys are here. I say that. Then I walk out. I say, 'I'm glad you ladies are okay. And I'm glad you're here.' I say that before I leave. And people respond positive. They go, 'Thank you, you too!' (laughs). It's nice. Yeah. It's nice. It's not a secret thing like it used to be ten or fifteen years ago.

## APPENDIX K: "DAR"

Interviewer: So are you currently using opiates or opioids?

Dar: Uhm, yes I am. I'm using heroin right now. Uhm, I was using sixteen points a day when my ex went to \*\*\*\*\*, and now I'm down to four points a day.

Interviewer: Wow! Good for you. And that was only six months ago?

Dar: Yeah.

Interviewer: That is a lot of progress!

Dar: It is. It is.

Interviewer: Were you on a substitution program or anything like that?

Dar: Uhm, well, I'm on...is it... akadian [sic]? Yeah, I'm on Kadian right now, and as a result of that, I'm able to sleep 8-10 hours a night, uhm, I lead a very quote-unquote normal life right now. I was able to uhm, wean myself off very sl... very, uhm, right off of sixteen points, so. My hope is to get down to two, and then one, and then none.

Interviewer: Right.

Dar: Yeah.

Interviewer: And stay on the Kadian?

Dar: Yeah.

Interviewer: That's great. How long have you been on Kadian for?

Dar: I think about six months' time now.

Interviewer: Wow.

Dar: Yeah.

Interviewer: Good for you.

Dar: Yeah, it goes hand in hand in helping ... it helps me not feel withdrawal symptoms, and I just don't like even feel using, when I wake up, I don't use until about noon?

Whereas before, first thing when I woke up, I would use. Now I do the Kadian, and I get up and prolong it, and go as long as I can until I'm, like, direly sick to do my first one of the day.

Interviewer: Right.

Dar: So it's a lot of, uhm, trying to just keep myself in line. Know what I mean? It's up to me.

Interviewer: How long do you think you've been using opiates for, overall?

Dar: Uhm.... Probably about eight years now.

Interviewer: Eight?

Dar: Yeah.

Interviewer: And was there anything before that?

Dar: Yeah, I was crack. I've been doing drugs every day for \*\*\*\*\* years.

Interviewer: And what was the motivation to begin your opiate use?

Dar: Uhm, trying to disassociate from feelings of physical, emotional, and sexual abuse from my father (8).

Interviewer: And then, that started about eight years ago you said?

Dar: Yeah. Yeah.

Interviewer: Was there a relationship between that and also maybe not being able to get something for pain you had mentioned earlier? *[participant began discussing opiate/opioid use during demographic section. Interviewer asked if it could go on record.]*

Dar: Yeah. Because of the car accidents that I was in, breaking my \*\*\*\*\* in four different places. Uhm, I had rods in my \*\*\*\*\*, and they were protruding from my \*\*\*\*\*, and it would take me about half an hour just to stand up straight in the morning? Just to stand up, it takes me about twenty minutes. And my body started to reject the rods. And, anyways, they had me on uhm, m...morphine? When I first got out of the hospital. And they had no help in helping me wean off it. They just all of a sudden stopped it and said they would not give it to me anymore. At that point I realized I was so direly addicted to it I would do almost anything to get it, because if I didn't, I felt like I would die. Therefore, as a result, when I could not find the morphine that was twenty dollars a pill, I would get heroin – and that's how I started to do the heroin – is because of that. Is because of what doctors and the government prescribed. Is what I say.

Interviewer: Yeah. And then, so it was more cost effective to be doing heroin than the pills?

Dar: Yeah. And easier to get.

Interviewer: Uhm, so what do you think, or how do you feel about your relationship to opiate use now? Ambiguous question, but...

Dar: Uhm, I'm really embarrassed about it. I really don't like doing it. I'm very motivated because I find my self-esteem is going up more every day. I like, love myself most days, maybe one out of seven I hate myself, and before, I hated myself all the time. I wanted to

crawl out of my skin, and I find the more self-study work that I do with CBT – cognitive behavioural therapy – and also my subconscious and doing affirmations and stuff, the better my self-esteem gets, the more I don't want to do drugs. So it's kind of going hand in hand. But it takes me to want to do it all. It's only *me* that's moving it ahead (9). It's not my mom, my dad, me. Me wanting to grow and become better and live – and just *live* more and have a life and not *die*. Because I know I'll die. It's inevitable I'll die a *horrible* death if I keep doing it – and I know that. And I'm not ready to give up yet.

Interviewer: Right.

Dar: So yeah.

Interviewer: I think that's beautiful. That's good about the piece with the CBT – I'm glad that you're able to access that.

Dar: Yeah, I study for at least an hour every day. I go and find my own work and I do it over the internet, and self, a lot of self-help courses and stuff that I do on my own accord. I read, maybe, three different pages of affirmation maybe eight times a day for repetition of, 'I am attractive. I deserve to be respected. I am a beautiful person.' – because for a long time, because of the sex trade work and other people's opinions I felt like nothing but a junkie piece of shit whore, and that's what took me out for many, many years, was thinking that everybody that passed me thought I was a whore – everybody that passed me *knew* I was a street worker. And that's very...for me? Very embarrassing coming from a \*\*\*\*\* and a \*\*\*\*\*. Very, uhm, materialistic. And as a result, I am *not* materialistic in many ways.

Interviewer: Right.

Dar: Yeah.

Interviewer: Uhm, from a \*\*\*\*\* and an \*\*\*\*\* , you mean your...

Dar: Mom and dad.

Interviewer: Your folks.

Dar: Yeah.

Interviewer: Are you, does it help physically when you're using?

Dar: Oh, gosh, yeah. And that's my biggest fear is if I don't get it, I can't move, I will *die* – physically – I will *die*. And I know I will right now. (4) But I'm able to get myself to the point where I almost can't move and then I'll do it? I'm just doing it to get through my day as a normal, quote-unquote normal human being. And function and be a productive member of society, right? So, I do believe it's now possible.

Interviewer: Right. For your opiate use, when you are engaging in use, is it a solitary or a social thing for you?

Dar: Oh no, it's totally solitary. I don't let anyone see me shoot up. I don't... no one has ever seen me shoot up. And if there's someone around, I go into a bathroom, and I do it, and tons of people...it doesn't bother me, you can do it...I *won't*. Because when I do that, I know I'm losing self-respect and dignity for myself.

Interviewer: Okay.

Dar: And people lose respect for you when...I know. I, when I wasn't doing it? And I saw somebody shoot up? I judged them. I did, and I'm sorry, and I don't want to be judged like that, because I'm better than that, and that's not who I am.

Interviewer: Okay. Uhm, is there anything else about your relationship with your opiate use that you want to talk about? That you haven't touched on?

Dar: Hmmm... The only thing I want to touch on is the whole, big fentanyl thing. The big fentanyl crisis is that it's not just people with needles that are dying from it? It is actually, I'd have to say on the streets, more people die from smoking it on tinfoil, and some people seem to think that it's only needle injectors when the show on the news it's just people doing needles that are dying – it's not. It's the teenagers. It's the younger generation that is smoking it on tinfoil that are doing one hoot and dropping. And they're not showing that on the news. They're just showing junkies in alleys that are shooting up, and that's not what's going on. It's the younger generation, and the young adults and when they say, 'sister, brother, whatever...' they're snorting it or they're actually smoking it, not injecting it, and they're dropping. And it all comes from government and doctors. Where does it come from? Originally? Right? Is my feel on it.

Interviewer: And where is the fentanyl coming from specifically?

Dar: Yeah, where did it come from originally? It came from doctors, and it came from, it's man made. Somebody makes it. Who made it? It's coming over from Japan...where...yeah.

Interviewer: Thank you. That's an interesting and important piece that, you're right, doesn't get touched on a lot. That's it. So it's essentially the same questions, but it's related to sex work now.

Dar: Yeah.

Interviewer: So you are currently engaging in it?

Dar: Yeah, I am. Yeah.

Interviewer: And what do you think was the motivation or how did you wind up engaging with it in the first place?

Dar: Because I had a habit that I needed to take care of that was costing me anywhere upwards of five hundred, when I was doing crack, a thousand to two thousand dollars a day. When I quit crack, it went down (laughs). When I was with \*\*\*\*\* doing sixteen

points a day, it could cost me anywhere upwards from three to five hundred dollars a day. And when I could not get that given to me because my boyfriend was a drug dealer, uhm, I won't steal. I don't care what anybody says. There's nothing like being a junkie with morals and values – it's the shittiest thing on earth to deal with, it really is. Uhm, and I have morals and values. And I can't even take a *quarter* from a human being – like... so, rather than stealing or lying, I go and compromise myself, my morals, and values, and work to pay for my habit, rather than taking somebody else down with me? I go and I sell my ass on the streets so that no one else pays for my addiction. So. And you don't meet too many people like that.

Interviewer: I don't disagree.

Dar: Yeah.

Interviewer: How long do you think you've been engaging in sex work like that for?

Dar: Since I was twenty...five? Twenty six maybe?

Interviewer: Straight? Off and on?

Dar: Off and on. I started when I was married for ten years to an \*\*\*\*\*. He would kick the shit out of me every three months, and when he'd do that, I'd run away and I'd go use crack for a couple days, and I'd run away from him. And I finally found myself down here, and I called the escort agency in the phone book because I heard you could make a lot of money doing that, and my first escorting job was actually out on \*\*\*\*\* street, through the escorting agency there. And one call and I made, shit, eight hundred dollars in one half an hour call. Yeah. And that's why I had to leave here, 'cause I was making three thousand to five thousand dollars a day, and I was spending....I was *dying*. I was *dying*. I was eighty-nine pounds when I left here. And I'm \*\*\*\*\* , so that was a lot. Yeah. So I came back down here a year ago because I really want to help people that are in addiction, and I want to help younger women, so they don't... if I can give one a hug and make one girl smile, I'm making a difference, and I know that. 'Cause I can go in the back alleys and see the most dirtiest, ickiest person on earth, and I don't judge them, and I'll listen to their story, and take...give them a hug. Sometimes that's all you need is just a hug or something, to stop and smile. Especially when you're down and out, right? Just someone who's not going to judge you for five minutes (10). So. My hope is to get off this shit and have a repertoire with people in the area – like I already do – and start helping them one on one.

Interviewer: Where were you before?

Dar: I was in \*\*\*\*\*. I was actually a \*\*\*\*\*. And then I moved down here three years ago with my ex, \*\*\*\*\* , into \*\*\*\*\*. And then I decided I needed to have my own place for the first time in my life I paid my own rent at \*\*\*\*\*. First time in my *life* I ever paid rent at \*\*\*\*\* years old....I was so proud of myself, right?

Interviewer: That's amazing.



Dar: Yeah. Yeah. So.

Interviewer: Wow. When was that, sorry?

Dar: Yeah, I got my own place because \*\*\*\*\* was very abusive and had a lot of \*\*\*\*\*, etcetera. And a lot of \*\*\*\*\* involvement, and he was...did a lot of speed, and I was terrified of him for my life. So I said to him, 'you're a single child, I'm a single child, we cannot live together. I love you, you love me, but we just cannot live together.' And I also knew if I got my own place that would allow my self-esteem to grow because of paying my own rent, it's my own space, my own place, and that's why a lot of apartments here in the East end because...I lived here thirteen years ago when I was doing crack, and the people that are there are still there, that work there? And two of them that work there are like my mom, they're my dog's aunties, and they're old ladies and they can be really mean, but they can also be very lovely. And they've known me, they've seen me go from crap to now and they just love me to death, and I just wanted to be somewhere I was accepted.

Interviewer: Right. And you're finding that there?

Dar: Totally. My dog is like a vitamin. Every floor he goes to see like three or four people on every floor, every day. Walks into the room, they can be crying, in the worst mood in the world, and that dog will make them smile.

Interviewer: Your dog is like a vitamin? Is that what you said?

Dar: Yeah. Yeah. Because you're in such a depressing place, right? It can be so...negative and ambulances and death and destruction everywhere...and then this little \*\*\*\*\* you know a little \*\*\*\*\* will come in.

Interviewer: I think it's beautiful you have such a powerful relationship with him.

(Dar begins crying)

Interviewer: Do you need to take a minute?

Dar: No. No. I'm not crying out of sadness, I'm just, uhm, how much he's done for me. Animals are so therapeutic.

Interviewer: In a way, I remember you saying, in the beginning before we started this, that he saved you.

Dar: Oh yeah. Yeah. Oh yeah. I was suicidal and uhm...yeah. And doing a lot of crack and I was dying and I wanted to die. And this little man would come and sit outside my door. And I would be like, 'can't have a dog right now' – and I would take him back to his owner and I would find him right outside my door in the snow and rain. Sitting there and he would not move. And I could never put an animal in harm's way, so therefore, I couldn't *kill* myself because of the fact that this little dog – and slowly but surely, he pulled me out.

Interviewer: That's beautiful.

Dar: Yeah, it is. I would be dead ten times over without him. So he's my pill. He's my everything right now.

Interviewer: I'm glad that you have someone to share that with.

Yeah. And everybody sees that too. He's a blessing in disguise. Yeah.

Interviewer: He absolutely deserves somebody like you, so –

Dar: Thanks. You know some people have stopped me and said, 'when I die, I want to be *your* dog'...(unintelligible)... this is probably the second time in eight years I've gone out without him. So we're both extremely co-dependent on each other. But he's a healthy crutch, right?

Interviewer: Yes. Well, I'm sorry to put you two in a situation where you are separated!

Dar: No, it's fine! Actually, I thought it would be a growing experience for us, so, yeah. (laughter)

Interviewer: So, this is a bit of an abstract question as well, I had talked about it with opiate use, this idea of physical side of it and an emotional side of it...

Dar: Yeah.

Interviewer: So the same, when you're engaging in sex work, can you talk about it, or would you like to talk about how you relate to it emotionally and/or physically?

Dar: With sex trade work, uhm, that's why I said I have multiple disorders, from being raped by my father until I was \*\*\*\*\*. I have been able to come up with something that's called disassociation disorder, where I can be somewhere and I can just check right out – like, I'm there, but I'm not there? And I just check right out and, to be honest with you, I have gotten used to it now. Where before, I would cry when it was going on, when it was happening, and because I've been doing it for so long, it's almost uhm, I've become immune to it. But for a long time I was angry with men. I was mad at men. I blamed men for doing this to a girl and, I am responsible for putting myself in that position...and I take all the responsibility now. You know what? I don't feel bad about doing it, because, you know what? It's a natural, human thing to do. And I am actually quite embarrassed that the government is shunning it so bad, because, you know what, as far as I'm concerned, some men, I'm stopping them from going out and *raping* people (3), I'm stopping them from, uhm, they love their wives, but they just...it's hard to explain...uhm....When you're with somebody, you should be able to compromise when you're with somebody. And if they like to have something done to them sexually, and you don't like to do it, well, relationships are about compromise. And if you're gonna be a bitch, and you're not gonna *do* that, well guess what? *He* wants that done. Guess what? He's going to go elsewhere to find it. If you're not going to provide it? They're going to go elsewhere to find it. And you know what? That's what marriage is all about. if you

want to sweep it under the carpet and pretend it's not happening, go ahead. But, you know what? It's a natural human thing. We were born with a desire to have sex. It's not something that should be shunned (5) or... you know it's very destructive to think that somebody should just be with one person unless they are like...I don't know... you come to an agreement of compromise. It's all about compromise. And that's where I come in, and I don't feel bad for doing it. They're happy when they leave. I'm happy when I leave. I get, you know...so it works out in both ways. All I ask is that they're honest with me, I'm honest with them – what I will do, what I won't do – and I've done it for over twenty-five years (5). I've never been raped, hit, or hurt when I'm doing work, and it's because I've never given them a reason to get mad at me to be honest with you. They will not...a man does not have a reason...unless he's like... you know that Pickton or whatever...unless you meet an odd one in five hundred that's a murderer, they have no reason to get mad at me. They just want one thing from you, and if you provide that, that's what your job *is* – technically your job? And you get paid damn well to do it. And then you leave. Like, my mom says to me, 'I don't know any other job where you can make one hundred dollars in four minutes' – like, seriously, 'It's balls to the walls for you, go ahead.' You know? And I make sure I'm safe. I take proper precautions. But a lot of girls don't, and they don't know how to take proper precautions, and also a lot of people let their addiction take over, and that's when it will piss a man off. If they're in the bathroom for two hours and they're not gonna get their money. If they're trying to take the money and run – that's when they get mad. Or if they don't follow through with what they said they'd do. Then a man gets mad. So. That's my whole thing on that.

Interviewer: Right. I mean, that's, uhm, not as common, but definitely one of the perspectives. I'm curious if you're willing to share one of the things that you do to keep your safety aside from like you said, just provide the one thing...

Dar: Yeah. When he's happy, I'm happy. It's either eighty, and if you've only twenty, go punt sand. I'm not gonna do it. You have to have boundaries, and I never – I've always had that. So I can understand why some girls will compromise themselves, or they feel angry when they're doing it, and they justify stealing a wallet or they justify ripping them off or...you know what I mean...uhm. I've come to a place in my life where I really look at things...at *all* perspectives. I've really grown up and matured.

Interviewer: Right.

Dar: Things that I do when I go out on the street to work is uhm...

Interviewer: Because you work on the street?

Dar: Yes, right now I work on the street. And to be honest with you, I could have gone back to that escorting agency where they call in and make five or eight hundred dollars....I don't want to be *owned*. They own you. They know what you do, when you do it, how long you do it, every part of your life – they *own* you at those places. And they're all run by *bikers*. And I don't want to be owned. I want to sleep when I wanna sleep, I wanna go for a hike with my dog when I wanna, like, I am my own boss...and I only go

out when I *need* to right now (6)...like, and I go out, like, right now it gets dark at let's say 5:30 at night? I only go out.... First, well, the first of all is you don't go out at midnight to make money because that's when your drunks are out. That's when your *weirdos* are out – not saying there's not weirdos on early in the night, there *always is* – but you're more prone to get a drunk from the bar or someone that's going to sexually a...assault you after hours from a bar closing or that's had a few drinks. Where, say at 5:30 or 6:30 at night, you're going to get the men that are coming home from work that just want to get laid and come home and sleep. So technically I try and hit those people at those hours, and that's the first thing that keeps me safe is the hours that I go out. And the second thing is that I don't carry a weapon with me. I do not. Many people get really upset that I don't have mace on me – or a knife or a gun or...knuckles or bear spray...and you know why? Because, whatever I have on me that I could use on *them*? They could use on me. And damn rights, they're going to get that from me because they're *bigger than me*, and they *weigh more than me*, and they're gonna get it. And they're gonna use it on me. So I don't give them anything to use on me. But when I get into a vehicle, the first thing I do? Without them know, is I look around the vehicle for the first thing that I can grab to smash their head in with. Like, whether it's a box, whether it's a tape, whether it's a...I don't know...a tool, uh, anything that's in their vehicle you could use to *smash* their head as hard as you can. If you could, you *have* to do it! And I've always done it. The first thing when I get in a vehicle is look for the first thing to grab that I could smash him with. Right? So. But I've never had to do that yet.

Interviewer: You've never had to.

Dar: No. Not yet. No. not at all.

Interviewer: Alright. That's amazing.

Dar: Yeah it is.

Interviewer: I'm grateful!

Dar: Yeah.

Interviewer: I hope you never have to.

Dar: Yeah. And another thing is too, this might sound really sickening, but...lots of lube. It's quicker and they're done and then you're gone, right? Like I'm never more than 5 minutes – I'm serious. It's awesome. Got my money and I'm gone. I only need to do one or two a night and I'm taken care of for the rest of the day. And you know what? It's kind of liberating because I'm not having to *kiss a man's ass* to get my dope or kiss a man's ass to get my money for my dope?

Interviewer: Right.

Dar: Since \*\*\*\*\* gone to \*\*\*\*\*. The first three months were hell. They said....\*\*\*\*\*.... I did everything I had to do to not go back on that street. I sold *everything* under the sun

that I could before I had to go back out on that street, and you know what, in that amount of time, it was a lot of pain, but I was also able to look at it in a lot of different perspectives as I described that sex is a natural human emotion, and it's something that...everybody in life wants at *some point*. You know what I *mean*? And if that's a service that I can provide, and...so be it. I'm not ashamed to do it. And men will even say to me, 'Oh, I'm sorry you gotta do this' – don't be. I'm not. I'm really not. And I get paid damn well to do it. And I have, like I said, I have my \*\*\*\*\* certificate, \*\*\*\*\*, first aid, \*\*\*\*\*, all of that. I went to college; everything, graduated high school, and you know what? I'd *still* do this. You know? 'Cause then I have time to spend with my dog. Then I have time to spend on *me*. Right? I don't have to sit at a job for eight hours and make minimum wage *crap* (2). So.

Interviewer: Fair. And you said that you're more of an outdoorsy type of person. So that would give you more time to be...

Dar: All kinds of time. You could take me to the top of a mountain and drop me there with just a lighter? And I'd survive.

Interviewer: That's amazing.

Dar: Yeah. Yeah. Uh. Yeah.

Interviewer: You mentioned you had done that kind of stuff before.

Dar: Yeah. Before I was 8 years old, I was tying my own flies, making my own bullets, had my own rifle...and if I wanted to eat meat? I had to shoot it. 'Cause my mom was going to school to be a \*\*\*\*\* so we were very poor.

Interviewer: Was that in \*\*\*\*\*?

Dar: Yeah, it was in \*\*\*\*\* in \*\*\*\*\*.

Interviewer: Wow.

Dar: I can build a house from toe to top too. Plumbing, electrical, drywall, taping, you name it. I can do it.

Interviewer: Cool.

Dar: Yeah.

Interviewer: That's got to feel very empowering.

Dar: It does. It really does. Especially when I can show men up all the time. It's *awesome*. When I can go fix my truck and they can't. You know what I mean? It's *awesome*.

Interviewer: That was a very elaborate answer. Thank you. Uh, I think, we're down to the last couple of questions. This is probably – might seem fairly obvious but – when you're engaging in sex work, is it solitary or is it social for you?

Dar: I try to...it's...it's hard. You know what, it's like I'm in a play. To be honest with you. It's like, I put on a mask. And whoever I'm with, they *want* something – a certain something. Whether it be the TGF, the temporary girlfriend experience, it's whatever will make them happy and get them the hell out of your life. You do whatever they want, the quickest you can, and you get them out. Some want the *yes, girl*, some want the dominatrix, some want... it's a *role*. It's a *play*. And that's all it is. And I do whatever I think.... From coming from so much abuse in my life? I've been able to be a chameleon, and I tend to be able to read people when I walk into a room whether they be lawyers, doctors, bums, junkies, you name it. I seem to be able to get to their level *right now* and read them, and that comes from abuse and *not* getting hit. You can say what you *want* them to hear so you don't get hurt. You know. And that's provided a good service for me because, like I said, that's like a play. And I just put on this mask, what they want, whether I be the high school cheerleader that's coming home from school or whatever they want, you know, like, that's all I consider it. That's my disassociation disorder as you could say – kicking in. So. It's all, uhm, survival skills I picked up along the way. So. Because, if I didn't, I would have killed myself by now or would still be suicidal if I didn't have those coping mechanisms (7).

Interviewer: Right. Okay.

Dar: And I'm not embarrassed of them anymore where I used to be before.

Interviewer: Right.

Dar: So, yeah.

Interviewer: That's a really important part of that.

Dar: It is. I think mostly what a lot of the sex trade girls need to be taught is coping mechanisms. That's a *real big one*. Is how to cope with the aftermath of how you feel once you've *done* it. Because I used to say it's like selling your soul to the devil when you go sell your ass. And at first, you know what? It is. And that's how I felt so corrupted and so *wronged* and so *angry*...but now, if I sit like that? I'll end up dying, and I'll use more drugs and I can't be angry or resentful.

Interviewer: Right.

Dar: I have to be strong and proud and set an example and yeah.... I have kids, so. I want them to be proud of their mom, and I don't want them to hear that their mom died alone in an East end hotel room either. So. I don't want to do that to my kids. I don't want them to say that.

Interviewer: Yeah.

Dar: You know? That's a *shitty* thing to put on your kid, man. 'Oh, where's your mom?' 'Oh she died in Van...in East end Vancouver, alone in her room'. I'm not going to do that to my kid. I'm a \*\*\*\*\* today. \*\*\*\*\*. My \*\*\*\*\* is a methamphetamine addict. \*\*\*\*\* was

brave enough to come to me and tell me, and I got...*I* did not get \*\*\*\*\* off the *shit*, \*\*\*\*\* got \*\*\*\*\* off the shit with my help, with my guidance and experience and saw what roads I went down – therefore, \*\*\*\*\* did not go down those roads. \*\*\*\*\* is just a shining example of awesomeness right now.

Interviewer: That's beautiful. What a powerful thing too.

Dar: Yeah.

Interviewer: Especially for your \*\*\*\*\* sharing your experience like that.

Dar: \*\*\*\*\* true blue. The worst thing you could ever do is lie. Don't *ever* lie to your kids. Just be honest – like – there's a time and a place for everything, but you don't need to lie to your kids. If they ask you a question, you need to answer it honestly, because if you don't, they're going to go find out themselves.

Interviewer: Yeah.

Dar: So. Yeah. So. My mom, my whole family knows everything I've ever done. I don't lie about a thing. So.

Interviewer: I think that's a powerful stance to take, considering what you mentioned with your family.

Dar: Yeah.

Interviewer: Is that the thing too that motivates you a bit too to get into this work? You were talking about, you know, telling your stories or possibly helping other folks. Is there a motivation for that....

Dar: There used to be. It used to be for my mom or for my \*\*\*\*\* , and I would have to say that really, until you want to clean up for yourself, you *ain't* going to clean up. You're just not. It's inevitable that you're gonna relapse or you're gonna use again. Until you can love yourself, or come to a place where you aren't crawling in your skin, you are *not* going to stay sober. It's only a matter of time. When you're done? You're done. There's no, 'if this happens or if that happens....' And if you're *angry*, if you're angry or resentful, you're not done yet either. You know what I mean? You've gotta let go of any anger, you've gotta let go of any negativity, you've gotta let go of any blame, and justification, and you gotta own your shit and take responsibility and...just own it and accept what you've done, and own it and move on.

Interviewer: Yeah.

Dar: Today is today. What can I do today to make myself a better person than I was yesterday? And if I can get better every single day, whether it just be for 2 minutes, or 30 seconds...as long as I'm getting better every single day? I know I'm fine. But when I start regressing? That's when I know shit's going awry. I just can't have that happen. I love myself too much today to have that happen. You know what I mean? And uhm, yes, my

kids and my mom are somewhat of a motivation, but there's a big difference between motivation and *validation*. I look to my mom for validation. In order to feel good about myself, my mom had to be happy with me. Where now? Whether she's happy with me or not? I'm proud of myself, and I'm glad of myself, and I'm beautiful, and I don't need my mom to tell me that, I don't need my boyfriend to tell me that, I am beautiful because I *say* I'm beautiful. You know what, and it's so liberating in itself. And I only came to this place because of all, for the multiple rapes and multiple men that have wanted to kill me and men that have \*\*\*\*\* at gun point, and \*\*\*\*\* and all of that, you know what? It made me who I am today. I wouldn't change *one* thing. Wouldn't change one thing in my life, because I am one in a thousand, I'll tell you that. That has a good heart. That isn't *hard*. Most women? They're hard. They're angry. They're mad. They're bitchy. They're mean. They hate men. Or they blame their mom or their dad...and it's sad, to be honest with you. It is. But you know what? That's where they're at. And you gotta accept that, and you're no better than anyone else. *No one* in this world is better than anyone else. We are all the same. And until you can reach that spot...I don't know.

Interviewer: Right.

Dar: I just....Have patience, that's all I can say.

Interviewer: What's a tool or is most useful to you if you feel yourself going back to a place that's a little bit more negative...what's the most helpful?

Dar: Journaling? I still journal like three times a day, and then the biggest for me is that I have *huge* PTSD from the shit I been through – anxiety, depression....I used to take thirteen pills, four times a day – all doctor prescribed. I finally went to him, and I was like, 'Look, I want to get off the \*\*\*\*\*', I want to get off the \*\*\*\*\*', I want to get off the \*\*\*\*\*', they told me it would take up to *three years* to get me off all those pills and slowly taper me. And I felt like I was just a number. And you know what? I went home and quit every single pill that night, and I haven't taken any pills for over five years now. I had a heart attack and wound up in the hospital, but I got off all those pills. And I don't take nothing for anxiety, I don't take *nothing* for depression. If I get anxiety? I write it down, and I write down *why* I'm having anxiety. What is creating this for me? What is this bringing up for me? And that all comes from all the self-help learning I've been doing with the CBT and \*\*\*\*\* and studying all these new age treatments, and it's uhm...yeah. And then if I get depression? I go for a walk. I feel forty times better. If I don't want...if I'm feeling angry or something? I write about. Anger is a surface emotion. What's beneath the anger? My ego is hurt. My *pride* is hurt. My self-esteem is hurt. Therefore, I'm angry. You gotta learn your surface emotions and then your underlying cognitive messages. And I do that by processing. And to process, I write shit down. And then also ten months later, I look back on it and go, 'holy shit, I've really grown a lot in that area. 'Cause I used to think *this* way and...wow. I can see how *distorted* I was then and how much I've grown.' 'Cause it helps me process things, right? If you go for a walk, you get the endorphins going.



Interviewer: Right.

Dar: That's just an automatic. You can't *not* get them going. If you turn music on, that's...my stereo is my life. And it *bangs*, the windows rattle and shit and my neighbours get mad at me, and I don't *care*. I'll be in the shittiest mood ever, and I will crank up Fleetwood Mac or Metallica or fucking something, and it just, your endorphins get going and start balancing....I automatically get into a good mood, and I know that so. Yeah. Yeah.

Interviewer: Yeah.

Dar: People get mad at me for music, but...I don't...it's what saves me sometimes.

Interviewer: Cool. I think that's a nice piece.

Dar: Yeah. Yeah.

Interviewer: So it's important to also reattach your focus onto other things, because it takes out of other things?

Dar: Big time. Yeah.

Interviewer: Great. That's almost all the questions. The last question: is there anything else that you want to say that you haven't said already or that you think is important for people to know, or think about, while they're thinking about women who engage in sex work and have also, have a history of drug use

Dar: Uhm, just open-mindedness, and patience, and non-judgemental, and nobody is better than anyone on this earth. **We are all the same** (1). And, empathy and apathy is the only way to go. Is the only thing I want to say. And I hope the government starts really recognizing what's going on out there on the streets, and starts looking at who's the source of the problem. And uhm. Yeah. That people stop just blaming the addict, but looking at *why* the person is an addict. And go for the root of the problem, not just what are the branches, but the actual *root* of the problem. Which I tend to think is a lot of it is the government, I'm sorry (1).

Interviewer: Don't apologize.

Dar: Go watch 9/11 and tell me that Bush didn't put the drugs out on the streets on purpose after you watch 9/11, and shit like that. You know, fentanyl is manmade. Junkies didn't just go in their backyard and make fentanyl. Scientists and doctors made fentanyl. With degrees and money and funding. So come on, where is it coming from. Anyways. That's all I gotta say, really.

Interviewer: Thank you.

Dar: Yeah. Told you I'd be a good one to have!